Introductory Address

DELIVERED AT

ST. THOMAS'S HOSPITAL,

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MR. TREASURER AND GENTLEMEN,—At the request of my colleagues I appear before you to-day to give the introductory address. I need scarcely say that I deeply appreciate the honour which they have done me, and the privilege it confers upon me of delivering myself as I please on whatever subject I may choose as suitable for the occasion; yet I must confess I would gladly have declined the honour and foregone the privilege had I dared. For, as we are constantly reminded by our critics, we orators of the 1st of October rarely say anything particularly new or particularly worth hearing; and it requires some exercise of moral courage for one who acknowledges that he has nothing new or important to say, and who finds himself for the third time in this unhappy position, to brave the adverse criticism which he feels that he shall deserve, and which has been passed upon him over and over again by anticipation. On the other hand, gentlemen, for reasons which I will briefly state, I have always been a consistent advocate of the maintenance of the custom which we are met this day to honour. It is admitted that the duties of the lectureship are difficult of adequate fulfilment; but if difficult, so much the more is success worth achieving, and at any rate the mere endeavour to do one's best is a wholesome experience (I am saying this for the benefit of my younger colleagues). The occasion is one which, as I believe, most old pupils regard with interest; and certainly it never fails to attract, besides new faces, many old friends whom it is a pleasure to greet. The introductory speechifying, moreover, however poor many of the addresses may be or may be thought to be, is made the occasion by the daily papers of drawing the attention of the public to the large hospitals and to the important educational work which is being systematically carried on in them and in the medical schools associated with them. Lastly, the oratorical display of October 1st is a time-honoured institution which links the present with the past, and on which respect for our predecessors and veneration for what is old should restrain us from laying violent hands. I felt it, therefore, my duty to accept—and I accepted readily, but not without misgiving—my present responsibility.

I have alluded to the fact that this is the third occasion on which it has fallen to me to give the introductory address. The first was eight-and-twenty years ago, and my lecture was delivered in the grand old hall of the hospital in the Borough before an audience of ladies and gentlemen (for ladies at that time were invited to be present), and prior to the distribution of prizes, which then also took place on the 1st of October. I was a young man then, and felt it a high honour to be invited by my older colleagues to represent them on the occasion; and, like a young man, I did represent them in a speech of such eloquence and floweriness that now in a calmer and more critical period of life I can scarcely understand how it was I had the presumption to deliver it or even to write it; and so full of admirable advice, that it might have been in this respect the joint production of the Archbishop of Canterbury and my friend Mr. Mac Kellar. Nevertheless, it was kindly received, and if any felt the amusement in hearing it which I felt in recently reperusing it, they did not show it.

My second lecture was given four years later. In the interval vast changes had occurred. The old Borough Hospital had been sold to a Railway Company, the institution had just found a temporary home in the Surrey Zoological Gardens, and what the future was to be was a problem awaiting solution. Crude sanitary notions were at that time rampant; sanitary reformers inveighed against the iniquity of retaining establishments for the treatment of the sick in towns, and the enforced removal of St. Thomas's was hailed by them as a glorious opportunity for translating their theories into fact at the expense of one of the largest and richest metropolitan hospitals. Unfortunately, too, the treasurer for the time being, and some of the more influential governors, were largely under the influence of the prevailing sanitary craze, and also were inclined to transport the hospital wholly or in part into the country. The plan which most commended itself to them was to erect and maintain a small receiving house or hospital for acute and urgent cases in London, and to build a large hospital some miles away in the country, to which convalescent and chronic cases, and, in fact, all patients who were not likely to be injured by the journey, should be conveyed. The views of the governors had not been submitted to the medical officers for consideration, nor had their collective opinion been sought in any way; nor, again, had the medical officers (not accurately knowing what was going on) held any meeting to discuss and consider the state of affairs. I need scarcely say that the position was a very difficult and critical one, and the prospect exceedingly gloomy. The hospital and school, both of which had been in abeyance for a few months, opened simultaneously on Oct. 1st. The inaugural ceremony, including the distribution of prizes, attended as before by ladies, took place in a large tent erected for the occasion. My address, I admit, presented occasional outbreaks of grandiloquence quite worthy of my former self, but I am pleased to say that on the whole my style had become much more sober than it was in my earlier essay; nor did I again venture after so short an interval to inflict a sermon on my younger auditors. The occasion, in fact, was unique, and I gladly availed myself of the opportunity it afforded me to discuss the future of the hospital and school, arguing as strongly as I could in favour of retaining them wholly in London, and refuting as vigorously as I dared the views (so far as I understood them) of the treasurer and his supporters. I cannot pretend that my lecture had any direct influence; but it was, I believe, the first distinct public expression of opinion adverse to the views of the sanitary crotchet-mongers, who, if they had had their way, would have ruined our school and converted our great hospital into a mere sanatorium. Subsequently, other men of greater influence and greater ability than myself took up the matter energetically from the same point of view as I had done, and before long common sense was triumphant, and the danger which had seemed imminent was averted. Few persons now know how much we are indebted to Mr. Simon and the late Mr. Whitfield for the acquisition of the magnificent site on which the hospital now stands.

My third appearance occurs under very different circumstances from those which attended my first two lectures. I was then young; I am now, I prefer not to say old, but at any rate no longer young. I was then at the bottom of the hospital staff; I am now at its summit. I then lectured to students whose younger sons are probably listening to me for the first time to-day; the troublous times have passed, and we are now, and have been for some years, in the sunshine of assured prosperity.

What should be the subject of my discourse on the present occasion? I have already uttered more good advice than I ever knew how to follow, and I do not care to furbish up my old lecture. I scolded the authorities at an important crisis in the history of the hospital, but there is no crisis now and no occasion of quarrel. Even if there were I would avoid it. You may perhaps agree with me, gentlemen, in thinking that the fact that the dates of my three addresses correspond to three important periods in the history of our hospital and school suggests, as the obvious answer to my query, that my present address should be mainly retrospective.

The first seventeen years of my professional life, during which I was successively student, teacher, and physician, were passed in connexion with the hospital in the Borough—the hospital of Meade, Fordyce, Elliotson, and Robert Williams; the hospital of Cheselden, the two Clines, Travers, and Green. It is not unnatural, therefore, that I should still feel affection and veneration for that ancient and ennobled building, and should look back wistfully to the many happy and instructive hours spent within its walls. At the time at which I became a student, the school of St. Thomas's had just emerged from that cloud of failure and disaster (the causes of which I need not enter upon) under which it had lain for many years, and though the entries were still few,

the school on the whole was extremely well managed, and the teachers as a rule were exceptionally good. The hospital, of which an excellent model is preserved in our central hall, was one of the largest and best appointed in the United Kingdom. The greater part of it dated from the early years of the last century, and bore a close resemblance to the older part of Guy's. The old wards were not perhaps exactly the kind of wards that one would erect nowadays; but they were roomy, well-ventilated, and healthy, and answered their purpose. Two new wings, abutting on the High-street, had been recently erected, and it was intended that all the ancient part of the hospital should (as funds allowed) be taken down, and replaced by blocks on the same plan. The new wings were handsome structures, and the wards the noblest I have ever seen. Had the reconstruction been completed, St. Thomas's in the Borough would have been, I think, even a grander hospital than its grand successor, though possibly its arrangements might not have so well fulfilled all the sanitary requirements of this fastidious age. The school buildings were compact and well arranged, with a magnificent lecture-theatre, and an excellent museum, library, dissecting-room, and chemical laboratory.

Among the physicians, surgeons, and other teachers were many men of high eminence. Robert Williams, the author of the classical work on "Morbid Poisons," and one of the most philosophical physicians of this or any age, was the senior physician in my first year, and died in the course of it. I only have a vague recollection of seeing him occasionally cross one or other of the hospital squares. Next to him was Dr. Burton, whose name is identified with the discovery of the blue line on the gums in connexion with plumbism. He was, as far as my memory serves me, a quiet, amiable, gentlemanly man, and much liked; but he died of cholera in the epidemic of 1849, and I never, therefore, became very well acquainted with him. Dr. Barker and Dr. (now Sir) Risdon Bennett were also members of the staff, and before long were joined by the late Dr. Peacock. It was to these three able physicians mainly that the students of the period to which I am now referring owed their training in clinical medicine. Many an old student will recall the Dr. Barker of those days, twirling a quill pen windmill-like between his finger and thumb as he walked from ward to ward. I think most of us were a little bit afraid of him; but we all acknowledged his great qualities as a physician, his intimate acquaintance with morbid anatomy, his remarkable accuracy of diagnosis, and his simplicity and directness of treatment. Very few of those who wished to learn medicine failed at one time or another to attend his clinique. Dr. Bennett, again, is not likely to be forgotten by those who studied with him at that time. He, too, was recognised as an admirable physician, and as one who gave special care to the therapeutical and dietetic treatment of disease. There was never a more painstaking, accurate, and methodical physician than Dr. Peacock. He took the notes of all his cases in great detail, and generally dictated them to his clerks. His teaching, therefore, though excellent in quality, was perhaps a trifle dry and unattractive; nevertheless, it was very highly appreciated. Among the surgeons Joseph Henry Green took the lead. He enjoyed an immense reputation, and I believe deserved it. He was of lofty stature and commanding presence, with a handsome intellectual face. He was a man of rare endowment and wide culture, and an admirable surgeon. He was a consummate orator. I did not know him at his best; for though he did his work in the hospital and school, he had ceased to take much interest in it. His lectures were the lectures which he had delivered without change for years. In the hospital visits he was always accompanied by his assistant, Mr. Solly, who did most of the duties under the eye, and liable to the correction, of his superior. John Flint South was a man of a very different stamp. He was kind-hearted, but hot-tempered and crotchety, and delighted to put on a roughness and not unfrequently a coarseness of manner which those who knew him could pardon on account of his many excellent qualities, but which to strangers and patients was often offensive. But he was a most industrious man, and performed all his duties with remarkable thoroughness and conscientiousness. I suppose people now rarely consult his great edition of Chelius's Surgery, of which his own notes formed by far the larger portion, and I am inclined to think by far the more valuable. It would be impossible in the limits of a brief address to speak of all the members of the staff. But I must not overlook Samuel Solly, Le Gros Clark and John Simon. Solly was a brilliant and enterprising surgeon. But he was more than that, for he wrote a work upon the anatomy of the brain which had and deserved a high reputation; and he was a landscape painter of no mean skill. Of Le Gros Clark and John Simon I should like to say much more than I dare. Suffice it for the moment that to these two great surgeons and to South and Solly, probably more than to any others, students were indebted for their surgical education.

Although there was abundant opportunity of learning medicine and surgery in the wards and in the out-patient rooms, students were not required, as they are at the present time, to take clinical appointments, and most of the more valuable posts that are open to them now did not then exist. The clinical clerkships were got for asking, and those who did not ask were not appointed. There was no such post as that of house-physician, but all medical duties in the absence of the physicians and surgeons were performed by the apothecary and his assistant. The dresserships were more sought for, and indeed they were of remarkable value, for the dressers enjoyed much more freedom in dealing with patients and in taking responsibility in the emergencies of practice than they are allowed at the present time. But house-surgeoncies were instituted in my own early days (I was one of the first to fill the post), and curtailment of the privileges of dressers began to take place.

We were provided with good teachers. Members of the staff were responsible for the systematic lectures on surgery and medicine, but, in addition, Dr. Marshall Hall lectured on nervous diseases, and Dr. Gregory discoursed on the exanthemata. But it was, I think, in the anatomical and physiological departments that the teaching was most systematic and best. We had no practical physiology in those days, but the systematic course of lectures was efficiently carried out. Richard Grainger had been associated with his elder brother for some years in teaching anatomy and physiology in the Webb-street School, and had been imported into St. Thomas's three years before I joined it. He was an excellent physiologist, one of the best of his day, and his lectures were singularly instructive, clear, and attractive. He was a striking illustration of the fact that a man who is in earnest may be a first-rate lecturer, in the sense of being able to make his meaning clear and to command the attention of his audience, without being in any sense an orator or even a fluent and consecutive speaker. Mr. Grainger was a tall, gentlemanly, quiet, amiable, and amiable-looking man, who took a great interest in his work, as well as in his pupils, who, in return, held him in the greatest affection. I may perhaps recall the fact that latterly much of his time was given to sanitary investigations, and that he was one of the pioneers in the field of public health. Mr. Le Gros Clark was the lecturer in anatomy; and those who know how he speaks now may judge how well and pleasantly he lectured then. Perhaps in relation to this I may venture to recall a little incident of my student days. I recollect that when I went into the anatomical theatre to hear my first lecture I had no notion until the lecturer entered the room what kind of man he was, and I have to acknowledge that I was so far attracted by the personality of the lecturer that, though I was a fairly industrious student, I proceeded to spend my time in taking his portrait in my note-book, instead of paying due attention to his discourse.

I shall not recall all the excellent men who at one time or another taught in the dissecting-room. But in my second year a gentleman became chief demonstrator who, I believe, had previously for a short time occupied the same post, and who continued chief demonstrator for more than thirty years. I speak of George Rainey, who was in the fulness of his powers, I think, during the period to which I am now specially referring. There were men at the hospital of higher intellect, of wider culture, of more imposing presence, and of greater refinement than he; but there was not one whose lessons were more highly appreciated, who had greater influence among the students, or who stands out more prominently among the memories of those days. He was a small, spare, ill-dressed, untidy man, with a bald head, auburn hair, a ruddy face, which in form, features, and expression bore a close resemblance to that of John Stewart Mill, and a weak, husky voice. He passed his time almost wholly between the dissecting-room and a small apartment with a bay window looking into the dissecting-room from above, where the chief part of his microscopical work was done. It was in this room that most of those fine injections for the microscope with which his name

is identified, and of which our museum contains a choice collection, were made; and it was here that he carried out most of those inquiries which brought him reputation as a physiologist and a thinker. Possibly some here present may call to mind one occasion when in the midst of a winter session he obtained leave of absence for six weeks. It was naturally thought he was out of health and wanted change of air. But he passed the whole of the time (excepting the nights) in his den above the dissecting-room, where he could be seen from below deeply engaged in some physiological investigations. His demonstrations were very clear and simple, and largely done by putting questions to those whom he was teaching. But the most interesting feature about the man, and that which chiefly explains the great influence he had over his pupils, was his habit, usually about luncheon time, and later in the afternoon when the daily work was drawing to a close, of sitting in front of the dissecting-room fire and entering into conversation with such pupils as happened to congregate around him. The conversations were on all kinds of topics. But, no matter how they began, they generally before long diverged into discussions concerning science, morality, or religion. A favourite method with him was to fix upon one man, to ply him with questions on the Socratic principle, and then (as often happened), having led him into contradictions, or having made him display his utter ignorance of the subject he was talking about, or having induced him to express views or sentiments which were absurd or reprehensible, to lay bare the unhappy victim's errors and inconsistencies, to overwhelm him with a torrent of chaff, sarcasm, and logic, and to wind up by expressing his own views with a manner and in language which were singularly impressive. Many a student retired from such encounters a good deal crestfallen, but few, if any, showed resentment, and many I am sure were benefited by them.

The celebrated Dr. Thomas Hodgkin had been imported from Guy's Hospital to be the demonstrator of morbid anatomy at St. Thomas's, but he remained only a short time, and had left before I entered. The growing importance of pathology, however, was fully recognised, and it was as a pathologist with clinical duties that Mr. Simon shortly afterwards was introduced into St. Thomas's Hospital. I recollect well the introductory address he delivered in the Grand Hall of the Hospital before the governors, the staff, and the students, on the occasion of his appointment, and its striking eloquence. It is needless to say that whatever Mr. Simon undertook to do, he did with all his strength, and admirably. His lectures on general pathology were always eagerly attended, and were valuable not only for what they taught directly, but for their suggestiveness, and for the impulse they gave to pathological work in the hospital. Among others who lectured at one time or another during this period were some men of assured eminence, and some who were then comparatively unknown, but have since achieved greatness. Among the former were Mr. Thomas Taylor and Dr. Dundas Thomson, distinguished chemists; among the latter, Dr. Gladstone (now a well-known member of the School Board, and a chemist of the first rank as an investigator and discoverer) and Mr. Huxley.

Any picture of the old St. Thomas's would be incomplete which did not include a sketch of the apothecary and medical secretary. There was no more striking figure in the institution than Mr. Whitfield, the third and last of his name who had filled these important posts. He was then a handsome man in the prime of life, and occupied a position which gave him immense influence. He was the apothecary, and that meant, not only that he was at the head of the drug and dispensing department, but that he was the resident medical officer, and exercised control over patients, over house-surgeons and dressers, and over nearly everybody and everything else, and that he shared with the physicians the medical fees. He was the medical secretary, and in that capacity had more authority than anyone else over the medical school and all its arrangements. He was the depository of all the unwritten rules and traditions of the hospital and school. Moreover, he was in fact, though not in name, the treasurer's prime minister. He was thus the most powerful subject in the hospital kingdom. Nor was he the man to let any advantage or influence which he possessed slip from his grasp. As a rule, he no doubt exercised his legitimate and his usurped powers for the benefit of the place, at any rate for what he thought its benefit, and took an active part in introducing useful reforms. But there is also no doubt that he was instrumental in introducing changes of which the staff did not approve, and which many of us thought and think were detrimental in their effects. He was a man of much liberality and kindness of heart, and ever a real friend to the student and all who were in need.

In some important respects the times to which I am referring were times of transition; and not only were great changes actually in progress, but the foundations were being laid of improvements which have since been effected. In my early days the nursing at St. Thomas's, like that at all other hospitals, was, to say the least, discreditable. The sisters were, for the most part, respectable women, if not trained nurses, and some were women of remarkable ability and fitness. But the nurses generally were slovenly, dirty, and disreputable, which is not to be wondered at when it is borne in mind that they not only nursed the patients, but scrubbed the floors, purchased and cooked their own food, and slept, many of them, outside the hospital. But after a few years the treasurer of that time, the late Mr. Baggallay, with the aid mainly of Mr. Whitfield and our present excellent matron, cleansed the Augean stable, and gradually introduced the system of nursing, which has become perfected with time and now prevails. The reconstruction of the nursing department led, in the course of a few years, to further far-reaching arrangements. For when, shortly after the Crimean war, Miss Nightingale had decided that the national testimonial which had been presented to her should be devoted to the establishment and maintenance of a school of nurses, she, on account of the recognised excellence of our nursing arrangements, entered into negotiations with the governors, which resulted in the establishment of the Nightingale School in connexion with St. Thomas's—a school which for more than a quarter of a century has provided skilled nurses for hospitals and infirmaries throughout the British dominions, has helped to develop and still further improve our own nursing, has been the parent of many similar institutions, and still flourishes in our midst. As I have already stated, the house-surgeoncy was instituted within my recollection. The creation of this office foretold the creation of the correlative office of house-physician. But, though the importance of such an appointment was fully recognised, it was not possible to make it until the retirement of Mr. Whitfield should leave the authorities free to deal with the clinical portion of his duties; and that was not to take place for a good many years. And lastly, the medical and surgical registrarships, appointments valuable for the hospital and valuable for those who hold them, were created towards the end of this time. It may be interesting to recall the fact that the first registrar was my colleague Dr. Ord; the second, my colleague Dr. Stone.

It will be acknowledged, I think, gentlemen, that St. Thomas's in the Borough during the time I knew it was a great and growing institution, and that the survivors of those who were then connected with it, and their heirs, are justified in looking back upon it with pride. The hospital itself was a grand hospital. As I have shown, among the physicians and surgeons were men of the greatest eminence in their profession; among the lecturers and teachers men whose teachings were unsurpassed. I am bound also to acknowledge that, though we were not always on such good terms as were desirable with the treasurer and the governors who acted with him, these gentlemen had the good of the hospital and school at heart, and did much in many ways, and much successfully, to promote their interests and advancement. The school, too, was successful. Students had excellent opportunities afforded them, and, on the whole, were well taught; and many men who have since achieved eminence were turned out by us in those days. Our numbers, too, had been gradually increasing, so that latterly we were treading on the heels of our successful rival, Guy's. When I delivered my first address in 1868 there was no suspicion of the fate that was impending; everything was prosperous, and prosperity seemed assured. A few domestic troubles occurred, indeed, about this time; but they were temporary troubles affecting the staff and teachers, and not the students, and could have had little, if any, injurious effect on the progress of the school. In 1862 the hospital became the property of a railway company, and for some months hospital and school were in abeyance.

When the crisis came it was a subject of serious consideration among those who were in authority whether the hospital should remain dormant until a new permanent hospital was erected on a new site, or whether in the meanwhile it should go into lodgings. By the adoption of the former plan much money would have been saved, which

would have gone towards defraying the cost of the new buildings; by the adoption of the latter the continuity of the beneficial functions of the hospital would be secured. I think the governors did right to adopt the latter alternative. But it was also a serious question among the members of the medical and surgical staff and the lecturers whether, even if the hospital should continue its functions, the medical school should be maintained. For some thought that the maintenance of a failing school would be attended with no credit or advantage; and everyone knew that, as in order to keep the school together the expenditure would have to go on as before, there was not only a strong probability that the surplus for division would prove scarcely worth dividing, but a possibility that the lecturers and teachers might have to put their hands into their pockets to pay for the privilege of teaching. It was decided to continue the school; and, again, I think the right course was taken. I may mention, however, that the latter anticipations were in the main justified; for on looking through my memoranda for the purposes of this address, I find that for seven years of those passed in our temporary abode my average yearly income from the school was just £16 10s., and in one year amounted to the magnificent total of £12. I was lecturing on physiology with Dr. Ord.

The site acquired for the temporary hospital and school was the old Surrey Zoological gardens, which had ceased for some few years to fulfil their original functions, and in which there had subsequently been erected a large hall for music and dancing, where also Thackeray lectured and Spurgeon preached. With no little skill the building was converted into a hospital of three floors, of which the lowest one was devoted, half to the purposes of a ward, half to the out-patient department, and of which each of the upper two floors constituted one magnificent ward holding upwards of eighty patients. The hospital contained about half the number of beds the old hospital had contained. It was designed only for temporary occupation, and its plans and arrangements had of course to be made conformably to the capabilities of the building to be adapted. Nevertheless, the arrangements were really good; the wards were very imposing, light, airy, and convenient, and they remained sweet and healthy to the last. The infectious cases were accommodated in the giraffe-house. The museum, library, dissecting room, and lecture theatres were distributed about the grounds, some occupying the monkey-house and other former abodes of beasts or birds. The school buildings, though they had been hastily prepared and were somewhat rough in character, were fairly convenient, and no one had much reason to complain of them. But the charm of the place was the beautiful and large garden in the midst of which the hospital and school were placed, with its pretty walks, its avenues and copses, its flower beds and lawns, and its picturesque lake of one or two acres or more in extent.

By this time many changes had taken place in our staff of medical officers and lecturers, and many others occurred before we found ourselves in the building in which we are now assembled. Green and South had retired from the surgical staff, and Grainger from the physiological lectureship, and, among others, Dr. Brinton had been added to our number. Before we left the Surrey Gardens Barker and Bennett, Solly and Le Gros Clark, had all taken farewell of us, and Brinton had died. I may add that few of the later vacancies thus created were immediately filled up; not, however, because suitable applicants were not forthcoming, but partly because a large staff was not needed for the work of the hospital, and partly because it was thought best that the inauguration of the new hospital that was preparing for us should be made the occasion for strengthening the staff by the addition to it of a careful selection of men of eminence or of promise, whether educated in our school or attracted from other institutions.

There are two men whose names are identified with the later history of the old hospital and the earlier history of the temporary hospital of whom I may venture to speak. Dr. Brinton became connected with the school, as Mr. Grainger's coadjutor in the chair of physiology, at a time when Mr. Grainger was beginning to find his strength failing and unequal to the work required of him. He was a man of much ability and brilliancy, an eloquent and effective lecturer, and, as a physiological lecturer should be, an excellent draughtsman. After a few years he was appointed one of the physicians, and at once took a leading position as a clinical teacher. His career unfortunately was a short one, and he died while quite young of kidney disease. The other was a man whom I have not yet named, and who, I daresay, has long slipped out of the memory of many here who were once familiar with him. I speak of Edmund Montgomery, who for several years was our demonstrator of morbid anatomy. I think, however, some may manage to recall that tall, slim, handsome young man, with his profusion of crisp, curly, dark hair; with his British name but German accent, for he had been brought up from infancy in Germany among Germans, and when he came to England a few years before he joined us knew little or nothing of the English language. Some of us who were intimate with him knew that he possessed a depth and striking originality of thought, an extent of knowledge, and a command of language which casual acquaintance would probably never have suspected of him. It must be more than twenty years since he left us, and nearly as many since circumstances took him to the wilds of Texas, where he has since resided, leading (not from choice) the precarious and hard existence of a backwoodsman. It will surprise most, and I hope gratify many, of those who were his friends to learn that among his rough, uncouth, and uncongenial surroundings, in spite of continuous daily toil and penury, he has continued to pursue his philosophical studies, and that his papers published during the last few years, discussing with exquisite eloquence profound metaphysical problems, have secured for him at length a foremost place amongst American, and I believe European, philosophers.

Although our migration to the Surrey Gardens, and our sojourn there, were in many ways of serious injury to most of us, although our labours there were carried on under many discouragements and with much inconvenience, although for the second time within the memory of some among us the school had become unprosperous, and although we looked forward to the better days which we saw approaching, I must acknowledge that I look back to our nine years' sojourn in the Surrey Gardens with much more pleasure than pain. There was much good fellowship between all those who were banded together to carry on the work of the institution. The few pupils we had were of more than average merit; they were, I think, content, and certainly were loyal. And there are few more pleasing recollections than those of the academic shades haunted by the studious and meditative, of the grassy lawns alive with cricketers and others who indulged in athletic exercises, and of the frozen lake gay with its crowds of skaters.

The scene once more changes. In 1871 Her Majesty opened the magnificent hospital within the walls of which we are now assembled—a hospital, as far as I know, unsurpassed, and which, whatever its faults may be, and despite all the adverse criticisms of native faultfinders, is the admiration of almost every foreigner that visits it. We turned our backs on the old Surrey Gardens, over which the tide of time has since swept, carrying away with it everything of interest and beauty that adorned its surface, and leaving only a sediment of bricks and mortar; and we entered on our new career with the commencement of the winter session. The hospital, which was now practically completed, had been three years building. During this time arrangements (in which the medical officers had had no unimportant share) were carefully made for strengthening, by the infusion of new blood, the staff, which had been undergoing attenuation through the successive retirement of some of its most experienced and ablest members, and for effecting many improvements in the hospital and school. Among those who were invited to become members of the staff were, on the surgical side, Mr. (now Sir William) Mac Cormac (who indeed joined us ere we left the Surrey Gardens), recommended to us by his brilliant services during the Franco-Prussian war, and by his recently-published "Notes and Recollections of an Ambulance Surgeon"; Mr. Francis Mason, one of Sir William Fergusson's favourite pupils; and Mr. Henry Arnott, who has since left us for the Church, but whom we selected on account of his scientific promise;—on the medical side, Dr. Murchison, whose reputation was even then world-wide; Dr. John Harley, who had passed a distinguished career at King's College; and Dr. Payne, who had already made a reputation for himself as a pathologist;—and, lastly, in the ophthalmic department, Richard Liebreich, at once oculist, artist, and musician. It will probably still be allowed, as I think was acknowledged at the time, that the selection was, on the whole, well made, and that the addition of these to a still larger

number of able and distinguished men, already fellow-workers for years, constituted a strong and many-sided staff. Among the beneficial reforms introduced into the hospital were those relating to the resident medical appointments. The long-delayed retirement of the apothecary, who, however, retained his medical secretaryship, made it possible to put the drug and dispensary departments under the care of an educated pharmaceutical chemist, and to bring the arrangements for the care of the medical patients, during the absence of the physicians, into harmony with the corresponding surgical arrangements. I will not discuss details; but all who know anything about the hospital, are aware that the plan of having a resident assistant-physician and a resident assistant-surgeon, who enjoy supreme control in the absence of their superiors over the medical and surgical patients respectively, house-physicians and house-surgeons, who are responsible under these rules for the specific care of groups of patients, and clinical clerks and dressers at the bottom of the scale, who perform various subordinate but necessary duties in respect of the patients and make records of their cases, has answered admirably in practice; that the scientific interests of the medical officers, the educational interests of the pupils, and the sanatory interests of the patients alike have been more and more advanced; and that, while no doubt the nursing of the hospital has been undergoing gradual improvement under the direct and indirect influence of the Nightingale School, the relations between the nursing department on the one hand, and the medical students and others who work in the wards on the other, has become more and more friendly and pleasant. Indeed, the experience at St. Thomas's has shown in the most striking manner that a large medical school and a large nursing school may be carried on concurrently in the same institution, not only without jealously and without quarrels, but with the maintenance of the most cordial relations and to their mutual benefit. Among the clinical improvements, it must not be overlooked that the obstetrical has advanced like other departments, and that the specialties, more particularly perhaps those relating to the eye and throat, have been developed with singular success.

As regards the school, old lectureships and demonstratorships were rearranged, and new lectureships and demonstratorships were created; a redistribution of appointments was effected, and the newly added members of the staff had freely allotted to them such posts as seemed best suited to their abilities and their lines of work. It would be impossible within the limits of time at my disposal to discuss all the changes that were made. Moreover, many further changes have occurred between that time and the present. I may, however, refer to two or three matters. A few years ago practical physiology as a course for medical students was undreamed of; but a department of practical physiology was provided for in the new school, and has been, and is being, conducted with much success. It is only within the last few years that the pathological importance of microbes has been discovered and bacteriology has come to be recognised as an important part of medical study. Thanks to the energy and scientific spirit of Mr. Ballance and Dr. Theodore Acland, a bacteriological laboratory has been established, and is in work. It is well known that the museum of St. Thomas's Hospital has always been peculiarly rich in pathological specimens, and that it contains a series of preparations which are of great historical interest, notably Sir Astley Cooper's collection, including many of those from which the illustrations for his works were taken. The museum was much damaged by its two removals and during its sojourn in the Surrey Gardens; but since it has again found a suitable home, its importance and value have increased year by year, and now, in its way, I should think it is almost unrivalled. We are indebted for the progress, largely to the enlightened liberality of the treasurer and governors, but directly to the admirable labours of two successive curators: Professor Charles Stewart, who was with us for many years, and who was a year or two ago, much to our loss, elevated to the curatorship of the museum of the College of Surgeons; and Samuel Shattock, who now occupies the post, and has signalised his brief tenure of office by the most splendid work, and of whom I may mention especially that during the last few months, with the aid of Dr. Stone and Mr. Plowman, he has rearranged, renovated, and enlarged the Museum of Materia Medica, which, now that it is completed, is probably the finest, most perfect, and most serviceable museum of the kind in existence.

Year by year, gentlemen, during the fifteen years we have occupied our present site, our school, which had been so often and so seriously checked in its career, has increased in usefulness and prosperity, until once more it occupies a leading position among the metropolitan schools of medicine. Nor can I see any cloud in the horizon—any reason why our success should not be maintained in the future. But while the school grows and prospers those who contribute to its progress drop out one by one, and one by one new comers fill the places thus vacated. Fifteen years is a short time—at any rate seems short to those whose journey of life approaches completion, and for whom the abyss into which all must finally plunge is already within easy distance. Yet many changes have occurred even in this short time; and not only have we had losses amongst those who were with us from the beginning, but some of those who joined us later have disappeared from our midst. Some have died; some have left us from age or from ill health; some have transferred themselves to other spheres of usefulness. Our late treasurer, Sir Francis Hicks, under whose reign the present hospital was built, and to whose sagacious energy we are indebted for the carrying out of most of the improvements which I have discussed, died after a short illness nine years ago. Mr. Whitfield passed away a year earlier. Poor old Rainey, whose laborious and useful career among us had extended over so many years, worked with us for a time at this hospital; but he was falling into ill health, and probably few of those who only knew him here could form any conception of what kind of man he had been. He retired on a pension some years ago, and died but recently. Peacock and Murchison are both dead; and it is only within the last few months that poor Frank Mason, whose genial temper and kindness of heart had won for him the warm affection of all his colleagues and of everyone who knew him, whose musical accomplishments were our admiration and delight, and whose eminence as a surgeon was universally recognised, was, to our infinite loss and grief, snatched away by death, in the prime of life, in the fulness of his powers, and when there seemed for him the promise and the assurance of a long and prosperous career. But great though our sorrow is when those we love are removed from among us, Time, the healer, brings its compensation in the hallowed memories that remain when the sting of loss is no longer acutely felt. And irreparable though our loss may seem when eminent colleagues and great teachers depart, they are yet not wholly lost to us, for their names, their examples, and their works survive and add accumulating lustre to the school which they adorned.

I have now completed, however inadequately, the task which I had set before myself; and it only remains for me to give, on behalf of myself and colleagues, a cordial welcome to you who come among us to-day for the first time; to advise you to do your duty, and work systematically at your studies, for you have much to do and little time to do it in; and to urge you here and in the future to show yourselves worthy heirs of those proud traditions which are the common heritage of all who join our ancient hospital and ancient school; and lastly, to thank you, Mr. Treasurer, and you my audience, for the kind patience with which you have listened to my address.

ON BASIC TUBERCULOUS PHTHISIS.

By PERCY KIDD, M.D., F.R.C.P.,
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(*Concluded from p. 617.*)

Cases where the Physical Signs were at first confined to the Base. Post-mortem: Oldest Disease at the Apex.

1. G. W——, aged twenty-one, engineer, admitted in August, 1883. Family history of phthisis very marked. Winter cough for three years. Continued cough and symptoms of phthisis for two months. At right posterior base, dulness, bronchial breathing, and scanty subcrepitant râles; at left base a few similar râles. Gradual extension of disease, and death from pneumothorax one month later.

Necropsy.—Lobular caseous infiltration of right upper lobe, with a small cavity at the apex, which had perforated the pleura. Lower parts of lung showed a massive catarrhal pneumonia of a greyish pink colour, marked with small yellowish spots. Left lung showed scattered nodular

disease only. The disease was evidently oldest in the right upper lobe.

2. E. B——, aged thirty-four, female, admitted in July, 1883. Winter cough for two years. Slight hæmoptysis in the summer of 1882. Cough worse since her confinement in March, 1883, and several attacks of hæmoptysis. At right posterior base dulness and crepitation; in the left interscapular region some crepitation also. The diagnosis at first was "chronic pneumonia," but was soon altered to "phthisis." The patient died in November, 1883.

Necropsy.—The right lung contained a large apex trabeculated cavity with several small cavities in upper lobe. The lower parts were studded with tuberculous nodules, but contained no cavities. The left lung showed similar but less advanced disease, with one small cavity at the apex only.

3. H. N——, aged thirty-seven, female, admitted in September, 1883. She had pleurisy thirteen years ago; cough and expectoration for nine months. At the right posterior base there was slight dulness and subcrepitant râles. Gradual extension of disease, and death from pneumothorax in March, 1884.

Necropsy.—Right upper lobe entirely excavated. A large cavity at the apex of the lower lobe. The rest of the middle and lower lobes was studded with caseating nodules, and contained a few small cavities. The left apex contained one small cavity, and was very fibroid and studded with some old dry caseous nodules; the rest of the lung was spongy, and contained a few tuberculous nodules. There was one small cavity in the lower part of the upper lobe. The oldest disease here seemed to be situated in the right upper lobe.

Cases where the Physical Signs were most marked at first at the Base, but were present also at the Apex. Post-mortem: Oldest Disease at the Apex.

1. T. M——, male, aged fifty-two, admitted in October, 1884. His mother died of phthisis. The patient had been ailing for three months, and had had cough, expectoration, &c. At the left posterior base, dulness, bronchial breathing, and subcrepitant râles; a few similar râles at the left apex also. The disease extended gradually, and the patient sank.

Necropsy.—Pleura over left lung much thickened along the posterior border; left upper lobe fibroid posteriorly, and studded with caseous nodules; at the apex a large trabeculated cavity; anterior parts spongy, but contained some tuberculous nodules; lower lobe fibroid at its apex, and contained a small cavity; remainder of lobe spongy and studded with a few nodules. Right lung emphysematous; it contained a few scattered nodules, most abundant at the upper parts. Disease most advanced and oldest at the apex of left upper lobe. Old disease also at apex of lower lobe.

2. E. M——, female, aged forty-three, admitted in February, 1886. Had suffered from occasional winter cough for some time; for the last nine months continued cough and expectoration. Physical examination revealed contraction of the left side; dulness throughout, most marked at posterior base; breath sounds weak over front and at posterior aspect of apex, with increased vocal resonance. Behind, at the base and lower interscapular region, there were intense cavernous signs, amphoric breathing, and gurgling râles. On the right side the breath sounds were exaggerated. The case was thought to be possibly an empyema communicating with the lung, or fibroid disease of the base and bronchiectasis. The patient died suddenly from profuse hæmoptysis.

Necropsy.—The apex of the left lung contained a very old cavity, with dense, blackish, fibroid walls, and the pleura in this region was very much thickened. The bronchus leading to the cavity was greatly constricted by the fibroid growth. The lower lobe contained numerous cavities of more recent date, and the lung was studded with numerous nodular caseous masses. A ruptured pulmonary aneurysm was found in one of the cavities in the lower lobe. The right lung was spongy, but contained some tuberculous nodules.

A consideration of the foregoing cases will show, I think, how easily an erroneous estimate of the proportion of basic to apical phthisis might have been framed if the clinical investigation had not been supplemented by post-mortem examination. To Cases 1 and 2, which I described first, six or seven others might have been added in which the clinical evidence of basic phthisis was fairly strong, and the number of basic cases then would have appeared to be at least eight in a total of 412, or about one in fifty. The fact that physical signs of disease are at first limited to the base, or are more marked here, does not prove that the disease has originated in this position, and does not preclude the existence of older lesions in the upper parts of the lung. In making post-mortem examinations of cases of phthisis it is not uncommon to find that one lung is apparently healthy, whereas, on making the usual sections of the organ, deeply seated nodules or even cavities are discovered, surrounded by healthy lung. Such lesions are usually not recognised, and often cannot be detected during life. The existence of cavities of considerable size in the apex of the lung may be masked by other conditions—e.g., great thickening of the pleura, rigidity of the walls of the vomica, or, what is still more important, narrowing or obliteration of the bronchus leading to the cavity. It must be remembered that cavities and other diseased conditions of the apex are much more likely to escape detection than similar lesions of the base. At the lower part of the lung the respiratory current is extremely vigorous, owing to the proximity of the diaphragm and the greater range of expansion possessed by the chest walls in this region. On the other hand, the circulation of air in the apex is much less forcible, as the result of its greater distance from the diaphragm and the comparatively unyielding nature of the upper part of the thorax. If, in addition to these natural disadvantages, the elasticity of the apex is impaired, there must be a corresponding weakening of the respiratory current in this part of the lung. When excessive secretion accompanies such a transformation of the apex, as is so commonly the case, we have the effects of obstruction of the bronchus superadded to the diminished expansion of the lung tissue, and there may be no auscultatory signs to help us beyond weakness or absence of the respiratory murmur. This condition is more likely to be produced where there is a permanent obstruction of the bronchus in question from surrounding fibrous contraction or from other causes, which need not be discussed here.

It remains now to account for the presence of marked physical signs at the base in those cases where old apex disease gives no evidence of its existence. The physical signs are probably the result of a congestive or inflammatory condition associated with œdema, and at times with partial collapse, of the lung. The lower lobes are known to be specially prone to such affections, and the lungs of persons that are already the subjects of tuberculosis are more liable to intercurrent congestions than healthy lungs. The presence of scattered tuberculous nodules might of course give rise to a localised congestion, but I do not think it is necessary to assume the existence of actual tuberculous lesions at the base in all such cases. This view receives some support from the analogy of pleuritic effusion in phthisical patients. Clinical and post-mortem experience would seem to show that such pleurisies are by no means invariably tuberculous. It is difficult to see why the disease departed from its usual order, and selected the base as its starting-point in Cases 1 and 2. As far as could be ascertained, there had been no previous affection of the lung that could have impaired the vitality of the base in either case, though such an explanation is naturally suggested at first. In both instances the patients stated that they caught cold some few months previously, and never recovered from the effects of it. It may be that the initial affection was a simple congestion or pneumonic attack of the base, which prepared the soil in this region for tuberculous infection. I cannot believe, however, that this is the whole explanation; for on this supposition basic phthisis should be of more frequent occurrence than it actually is. It would be admitted, I think, that a history such as this is not uncommonly given by phthisical patients, in whom it is the rule to find the disease limited to the apex at the outset. It is worthy of note that both the cases described were men. Dr. Pollock (*loc. cit.*) mentions that of the sixty-four cases in which he found the base most affected fifty were males.

The special incidence of phthisis on the apex of the lung has yet to be adequately accounted for. It is unnecessary here to enumerate the various explanations that have been suggested, none of which are entirely satisfactory. There is certainly much evidence in favour of the view that phthisis, in most cases at least, is the result of the entrance of a virus into the lung through the respiratory passages, though it is probably an indispensable condition that the lung shall be in some way prepared for the reception of the

poison. If this be so, it is not unlikely that the phthisical proclivity of special regions of the lung will be found to depend, in part at least, on certain peculiarities of the corresponding bronchial tract. In his monograph on "Pulmonary Hæmorrhage," Dr. Reginald Thompson makes a remark which I think suggests one factor in the case. In speaking of the respiration of the upper lobe, he says (p. 23), "The bronchial tubes of this lobe, which are not altered in size, remain permanently open, and do not filter the air in the same way as the bronchial tubes of the lower lung." If we compare the slight expansion of the upper lobe which takes place in ordinary respiration with the free expansion and contraction of the lower lobes depending on the immediate action of the diaphragm, assisted by the elasticity of the lower thoracic walls, we must acknowledge the truth of Dr. Thompson's statement. The bearing of this fact on the direction most likely to be taken by particles inhaled into the air passages is obvious.

In conclusion, it may be said that the cases which have been related show that the diagnosis of basic phthisis is not so easy as would appear to be the case at first sight. There are several diseases of the base which cannot always be distinguished from tuberculosis by the ordinary methods of examination. Without attempting to discuss the diagnosis of these various diseases, I would strongly urge the importance of a routine examination of the sputum in all such cases. I could quote instances where a most unexpected light was thrown on the case by this means. True basic tuberculosis is extremely rare; I believe it is even rarer than it is commonly thought to be; whereas the base is specially prone to other affections. I would suggest that the question which has been discussed not only possesses pathological interest, but has also a distinct bearing on the prognosis of certain cases. Keeping in mind the extreme rarity of primary basic tuberculosis, we may reasonably hope that a given case of localised disease of the base is not tuberculous, and if we fail to discover tubercle bacilli in the sputum on repeated examination, our hope becomes almost a certainty. But inasmuch as non-tuberculous disease of the base may be complicated by the supervention of tuberculosis, as in four of the cases that have been described, it is well to examine the sputum at intervals, even when we are satisfied in the first instance as to the non-tuberculous nature of the case, especially if the patient's progress be unsatisfactory. It may be said that the prognosis of chronic disease of the base is generally unfavourable, and this is true up to a certain point; but if tuberculosis can be excluded, a more hopeful prognosis may generally be given.

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SOME REMARKS ON THE OPERATIVE TREATMENT OF CHRONIC OBSTRUCTION OF THE SMALL INTESTINE.

BY R. L. KNAGGS, M.A., B.C. CANTAB., F.R.C.S. ENG.

THOUGH intestinal obstruction has been brought prominently forward of late years at the Societies and in the journals, the operative treatment of chronic obstruction, when the small intestine is the seat of the disease, has attracted but very little notice. This may result from a feeling that was expressed in 1868 by Dr. Fagge, that "contractions[1] are *par excellence* the cases in which an operation must necessarily fail." But a study of Dr. Fagge's own cases—sixteen in number, three of which were hopeless cases of malignant disease—shows that there were no less than nine in which modern surgery might have interfered, otherwise than by a palliative enterotomy, with some prospects of success. It is true post-mortem records may appear to lend themselves to surgical ideas with much greater ease than the cases themselves would have done, but, after making some allowance for this, there would still remain a considerable proportion not beyond the surgeon's aid. This fact alone is sufficient to justify exploratory laparotomy in all cases of obstruction from contractions which are not obviously hopeless.

But though exploration is not unfrequently undertaken, it seems generally to end in an attempt to obtain relief by enterotomy only, or further action is altogether abandoned. Now, though this operation in the majority of cases can only be expected to be palliative, it occasionally proves to be of greater value, as will be seen from cases quoted further on. Its *modus operandi* is probably to relieve the distension above the obstruction—a condition which in not a few is sufficient to cause complete occlusion of the intestinal canal; and when by this relief the channel is once more opened, the intestinal contents are enabled to pursue the normal course, care in diet and medication being quite sufficient to prevent a fresh accumulation taking place. But these cases can hardly be considered to be free from the danger of a fresh obstruction occurring at future dates; though, should that happen, the reopening of the old wound would probably be all that was needed for their relief.

So few cases of operation bearing upon this form of obstruction have been recorded during the last seven years that the following are all that have been obtained from the different available sources.

1. Mr. Sidney Jones[2] records a case of chronic obstruction resulting from localised peritonitis, consequent upon ovariotomy performed four years previously. Enterotomy was performed after abdominal section, the artificial anus being 29 in. from the ileo-cæcal valve and the intervening coils, and the cæcum "being matted together by glandular and inflammatory infiltration." The patient survived three weeks.

2 and 3. Dr. Malins[3] records two cases in which obstruction occurred from adhesions of the intestines from pelvic inflammation. In one laparo-enterotomy was performed with success, and the artificial opening closed spontaneously, the natural passage becoming restored. In the other the same operation was adopted, but first some adhesions were separated. When reported, the bowels acted weekly, and the artificial anus, though diminishing, had not closed.

4. Mr. Treves[4] records the case of a woman upon whom he operated for obstruction three months after the reduction of an inflamed hernia. Laparotomy was performed, and a distended coil was found adherent in a bent position close to the femoral ring. The adhesions were broken down, and the case did well.

5. Mr. Meredith,[5] at the Clinical Society, recorded the case of a woman in whom intestinal obstruction set in a week after ovariotomy, which had been complicated with general adhesions. Laparotomy was performed early, and two separate coils of intestine were found kinked and obstructed by the traction of two separate omental bands. These were released, and the patient was in good health six months after.

In these few cases enterotomy has certainly played a successful part, but such success is exceptional and cannot be held to justify the employment of enterotomy in the hope of its being a curative procedure. The attempt to remove the obstruction by the separation of adhesions alone was made in two cases, but one, being an example of acute obstruction, perhaps hardly comes within the scope of this paper. No record of resection of the intestine for this condition, except Koeberlé's case (*vide infra*) has been found, and yet it is particularly applicable, as Mr. Treves has pointed out, for those cases where the obstruction is due to the effects of a contracted mesentery.

In Dr. Fagge's forty-ninth case[6] the cause of the obstruction "was found in a mass of rounded tubercles in size from that of a pigeon's egg to a nut. These formed collectively a mass as large as a small fist, situated in the mesentery close upon the intestines, and the surrounding inflammation, which appeared to have been long passed, had by contraction produced much puckering, shortening, and thickening of the mesentery, and so complete a stricture of the intestine that scarce room was left for the passage of a small quill." Here is a case in which resection seems to be specially indicated; whilst in the preceding one (Dr. Fagge's forty-eighth case), though several feet of bowel were implicated in the obstruction, which was also due to disease of the mesenteric glands, the same operation might also have been found possible; and in considering the propriety of resection in any particular case, it may be remembered that as much as two yards of small intestine have been successfully removed by Koeberlé.[7]

Cases may occasionally present themselves in which relief

[1] The term "contractions" includes several pathological conditions—such as matting of intestine, kinking by traction of adhesions &c., adhesions compressing the gut, and shrinking of the mesentery. Though "contractions" practically comprise all cases of chronic obstruction of the small intestine, three of Dr. Fagge's cases affected the large intestine.

[2] THE LANCET, May 12th, 1883.
[3] Brit. Med. Jour., Sept. 22nd, 1883.
[4] Intestinal Obstruction, p. 109.
[5] THE LANCET, April 3rd, 1886.
[6] Guy's Hospital Reports, vol. xiv., p. 335.
[7] Treves on Intestinal Obstruction, p. 477.

may be afforded by some exceptional method, which the condition of the parts will suggest. Such would Dr. Fagge's fiftieth case seem to have been. In this, "three feet from the cæcum a portion of small intestine, not more than an inch in length, was pale, empty, and contracted. Opposite the constricted point the mesentery contained a group of enlarged strumous glands, the largest the size of a walnut, filled with chalky matter. It appeared as if these glands, more particularly the largest, had by their growth and increase drawn a portion of mesentery backwards to the spine, and thus, by expanding the two layers of the serous membrane and widening the base of the peritoneal ligament, had acted like a broad ligature." Here, though somewhat contracted, the channel was not completely obstructed, and it is possible that the less serious operation of enucleation of glands might have removed both the obstruction and the disease. Now, although a fair proportion of cases of "contraction" might be satisfactorily treated either by enterotomy, which might lead to cure, or by division of adhesions, or by resection, or possibly by some other method which particular conditions might suggest; yet there will be met with cases in which the second and third plans can hardly be entertained because of the large amount of bowel implicated, or the intimate nature of the adhesions between the matted bowel and other parts, or perhaps for other reasons.

In the *British Medical Journal* of Feb. 13th and March 13th, 1886, cases of pyloric stricture are recorded by Mr. A. E. Barker and by Mr. T. H. Morse of Norwich, in which it was attempted, in one case with success, to open a fresh path for the passage of alimentary matters by uniting an opening in the jejunum with an opening in the stomach. This idea, apparently new to English practice, is capable of a much wider application, and it is probable that it may be found of use in dealing with certain cases of contractions not amenable to the two methods just alluded to, and yet in which enterotomy, with its attendant discomforts and probable evils, should be avoided if possible. It must be remembered that in the latter operation, in these cases, the small intestine may be opened, either of necessity or by accident, high up; and that if the fæcal fistula does not close, the whole or a part of the contents of the intestine are discharged from the body in a very imperfectly digested state.

Quite apart, then, from other discomforts which are likely to be present, the results of malnutrition will not be long delayed, and the patient may die of inanition as the result of an operation undertaken in the hope of saving his life. If, however, a connexion can be made between the intestine above and the intestine below the obstructing coil or coils, a fæcal fistula is avoided, and the absorbing power of the intestine below the obstruction is still utilised. Moreover, in some cases the coils constituting the obstruction may be rendered useful; for the distension above them, being relieved entirely at the operation, would be prevented from again taking place, and the passage through the obstruction might possibly be reopened and kept patent. The intestinal contents, having a choice of two ways, would probably make use of both, and in the event of any renewal of obstruction occurring, or should the original track remain impervious, the artificial deviation would become the regular channel. It might act either as a safety valve, as a colotomy wound has been known to do, or it might replace entirely the normal canal. By this operation extensive division of adhesions between coils, and between coils and the parietes, might be avoided, and less risk would be run of fresh adhesions forming and a similar state of affairs resulting. The obstruction would be overcome without interfering with its cause—a point of considerable importance, and one which hitherto has only been accomplished by enterotomy, to which there are grave objections. Lastly, it is interesting to note that Nature has herself solved the difficulty in this very way, though in Nature's cure there existed imperfections that art might hope to avoid. The case referred to is the well-known one recorded by Mr. Birkett.[8] In this case a loop of small intestine contained in a strangulated inguinal hernia, which had been reduced, was found to have become adherent, and narrowly constricted at the site of the neck of the sac. A communication had formed between the adherent coils above the constriction, and this communication had served as the channel for the passage of the contents of the small intestine. Death was caused by extravasation of fæces through the breaking down of some of the adhesions.

(To be concluded.)

[8] Path. Soc. Trans., vol. x., p. 128.

TROPICAL ABSCESS OF THE LIVER.[1]

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THE term "tropical" applies to those large, usually single, but frequently multiple abscesses of the liver which are met with in persons who reside in the tropics, or who have been subjected to tropical influence at some period of their lives, and which are the result of a parenchymatous inflammation of the organ induced mainly by such influence. The disease is now so well known and recognised as an independent affection that further definition is unnecessary. On the average, hepatitis causes every year 1600 admissions to hospital, from 70 to 80 deaths, and from 160 to 200 invalidings, in the British army in India, consisting of 56,000 men. This heading includes many cases of "liver" that do not go on to suppuration, but the deaths are to be attributed to abscess.

In the Bengal army, with a strength of from 35,000 to 38,000, the average annual admissions for the five-year period 1877-81, for liver-abscess alone, amounted to 63. Broadly speaking, the admission-rate for hepatitis in the army in India is over 28·9 per 1000 of strength, the invaliding rate 3·03, and the death-rate 1·13, the admission-rate for abscess in Bengal being 1·8 per 1000. All parts of the peninsula are not equally unhealthy in respect of hepatitis. The Madras Presidency comes first and Bengal follows. In 1883 the mortality was distributed thus:—Madras army, 1·72 per 1000; Bengal army, 1·06; Bombay army, 0·82.

It is open to doubt whether army returns fairly represent the liability of Europeans generally, irrespective of class or occupation. The proportion of admissions to hospital for hepatitis to total admissions is 2·1 per cent. in the army. What it is in civil life I have not been able to ascertain. Nor have we the means of determining the liability according to class. My own impression is that no great difference obtains, if any, in respect of class or occupation. Cases of abscess are constantly being reported from civil practice, and for every one so recorded there must be many that we hear nothing of, while every case is recorded in the army.

The next question is, to what extent is the native of the country liable? It was formerly supposed that he enjoyed almost complete immunity. Everyone who has had experience in native practice must be aware that this is not the case. That hepatitis is far less common in the natives than in foreigners is strikingly shown by the accompanying figures for 1883.

	Admissions per 1000.	Deaths per 1000.
British army (54,673)	1602 = 28·9	63 = 1·13
Native army (114,830)	173 = 1·5	21 = 0·18
Native gaols (88,174)	87 = 1·0	19 = 0·22

While in British military hospitals the proportion of admissions for hepatitis to total is 2·1 per cent., in native military hospitals it is only ·16 per cent., and in native gaols ·09 per cent.

My experience leads me to believe that the disease is not necessarily so rare among natives in civil life as these returns show it to be in the army, and that its prevalence varies according to season and locality. I am of opinion, too, that liver abscess in the native has a somewhat different mode of origin, being exclusively due to climatic influence, and independent of habits of life. It occurs in the native as a late result of general constitutional decay from prolonged malarial poisoning. The subjects have invariably been exposed for a long period to malarial influence, and are the victims of a profound cachexia. In Europeans, on the other hand, the liver appears to be excited to inflammation under short exposure to local influence; more than 50 per cent. of the cases occur during the first four years of residence. The attack may be of a splenic type in the European, but it is low and insidious in the native. It is a more serious affair in the latter, and the mortality per cent. of those treated is higher. In a vast country like India climates of every degree of unhealthiness are to be found; and malarious districts, from topographical or meteorological causes, are subject to changes in the intensity of the endemic incidence. A notable example of such a phenomenon has occurred during the past ten or fifteen years in Bengal. Since 1870 a portion of that

[1] Read before the Middlesex Hospital Medical Society.

province has become decidedly more unhealthy from malaria. A kind of epidemic wave passed over the tract from north to south-west, involving in its course the district of Midnapore. The result of the invasion is that the inhabitants now bear the impress of the noxious influence in a marked degree, in the shape of enlarged spleens, anæmia, bowel complaints, and cachexia generally. Dispensary records also show an increase in admissions for liver abscess coincident with the increased prevalence of fever. While civil surgeon at Midnapore, I treated there, in the three years 1882-84, no less than twenty-one cases, all in natives. Local practitioners informed me that in former times the disease was practically unknown.

In Europeans the greatest liability occurs between the ages of twenty and forty-five. Abscess has never yet been met with in any person, native or European, below fifteen, and it is rare above fifty. In childhood it is absolutely unknown. Among Europeans men are more liable than women.

British Army in India, 1883. Hepatitis.

	Admissions per 1000.	Deaths per 1000.	Admissions per cent. of total admissions.
Men (54,000)	30	1·41	2·1
Women (3290)	15·5	·91	1·8

The disproportion is still more marked as regards abscess itself. In Waring's 300 cases 9 only were in women, and out of 82 cases reported in various journals 2 only were in women. On the other hand, out of 23 cases in Europeans and Eurasians treated at the Presidency Hospital, Calcutta, as many as 15 were females. The proportion of females to males among the British-born population in India is 1 to 7. I have reason to believe that owing to the exclusive climatic mode of origin in natives there does not exist the same difference in liability of the sexes as in Europeans. Among my 21 cases, mostly dispensary patients, 3 were females; and bearing in mind that the population of females to males attending dispensaries in Bengal is about 1 to 6, this, as far as it goes, does not indicate any very great irregularity.

Authorities are agreed that suppurative hepatitis in Europeans in the tropics is mainly due to the effect of climate. But intemperance, over-indulgence in animal and highly spiced foods, and indolence, are spoken of as predisposing causes in the individual; while exposure and chills are frequently noted as exciting causes. I am quite disposed to admit that chill or exposure starts the attack in many instances; this is clearly the mode of origin of many of the reported cases. But have we sufficient evidence of the part the other conditions play in the production of the disease? The great difference in the liability of the two races is attributed to the variation in the nature of diet and drink, but it may equally be due to difference in degree of acclimatisation. The great reduction in liver diseases in the army is as likely due to improved sanitary arrangements and protection against climate as to the steadier habits of the men. I am inclined to think that the "intemperate" theory, at all events, has been made too much of. An examination of reported cases throws very little light on the subject, because complete histories are so rarely given. It is a significant fact, however, that out of 425 cases of hepatic abscess, including Waring's 300 and others from the journals, the subjects were said to be intemperate in 50 instances only. Whatever influence personal habits may have, the fact remains that, quite independently of any of them, when an inhabitant of temperate climates goes to reside in the tropics, there is a tendency for his liver to become disorganised, though fortunately this actually occurs in a relatively small proportion only. This applies to the dark races as well. Natives of mountain regions in India, on taking up their abode in the steamy plains of Bengal, are said to become liable to hepatic abscess. Change of climate affects hill cattle in the same way. Imported horses suffer to a large extent; the death-rate from hepatitis among troop horses in India amounts to 2 per 1000 (Collins).

What is the particular element or combination of elements in a tropical climate that induces hepatic disease? It cannot be heat alone; liver abscess is least common in such parts as the Punjab, Central Provinces, &c., where there is greatest heat. Nor is it malaria alone, for the disease is unknown in malarious parts of the temperate regions of the world. The distribution of hepatitis according to district points to a combination of moist heat, dampness of subsoil, and concentration of malaria as the condition most favourable to its production. Still there is something over and above this in the climate of India that we do not understand. An exactly similar combination exists in the West Indies, though the disease is not so frequent there (in the proportion of 1 to 4).

Dr. Budd's now obsolete theory of the dependence of tropical abscess upon dysentery only requires a passing notice. It is unsupported by clinical observation, statistics, and post-mortem examinations. Dysentery being a disease caused by similar conditions of climate, very frequently complicates liver abscess, and a very serious complication it is, but there is no causal relation between the two. Their concurrence in the same individual is a pure coincidence. It is important to remember that the signs and symptoms even of the hepatitis that precedes it, and of the abscess itself, are apt to be ill marked and insidious; they often escape notice, or some or all of them may be absent. It has been estimated that they are well marked in 8 per cent. only, while the abscess runs a perfectly latent course in 13 per cent., even in Europeans. Instances are on record where the subjects were engaged in their usual occupations up to the very last. Soldiers have been on full duty up to a few hours of death by the bursting of an abscess internally. In one case an abscess burst while the man was actually on duty. The signs which in a given case of hepatitis lead to suspicion of suppuration are: The enlargement of the liver, which loses its uniform contour and develops more particularly in some one direction so as to form a bulging; localisation of pain and tenderness; pleuritic or peri-hepatitic friction; rigors, chills, sweats, and—most important of all—the temperature. Several apyrexial cases are on record, but I cannot conceive suppuration occurring without the temperature being affected at some time or other. A careful scrutiny of the temperature range, auscultation, and bilateral measurements of the chest are called for. The temperature must be taken every hour, so that a complete reading for the twenty-four hours may be obtained. Subjects of liver abscess are frequently also suffering from malarial fever. A want of periodicity and a resistance to quinine will indicate hepatic origin.

By combined statistics the mortality of unrelieved hepatic abscess is found to be about 90 per cent. Death occurs with or without rupture. About one-half of all abscesses that are left alone remain intact. Spontaneous evacuation through the lungs occurs in about 20 per cent., less than half of which recover. Out of 33 cases that recovered spontaneously (Waring's and others), 16 burst into the lungs, 8 into the intestine, 1 into the stomach, and 2 ended apparently in spontaneous absorption. The extent to which an abscess will develop is surprising. The contents are sometimes to be measured rather by quarts or gallons than by ounces. The whole organ may be converted into a bag of pus. In one case 17 pints were found at the post-mortem examination. I have myself removed as much as 80 oz. at a single operation; while 200 oz., 400 oz., and even 1000 oz. represent the aggregate amounts removed by successive tappings by others. These enormous collections are mostly seen in natives, who are apt to apply for treatment only at too late a stage of the disease.

Solitariness is a character of tropical abscesses, but they are often multiple. In Waring's 300 cases they were solitary in 62 per cent., multiple in 37·8 per cent. Multiplicity is explained by the mode of origin. The disease begins as multiple foci of softening. The foci coalesce as they increase in size. If the areas coalesce into one, a single abscess results; if they combine in groups, the abscesses will be multiple.

(To be concluded.)

TWO CASES OF ABDOMINAL SECTION.

BY A. S. UNDERHILL, M.D., M. CH., S.S. CBRT. CAMB.,
SURGEON TO THE GUEST HOSPITAL, DUDLEY.

RECENTLY I have had two cases in which I performed abdominal section, and as these—although fatal—possess points of clinical interest I venture to record them.

CASE 1. *Rupture of a Tubal Pregnancy.*—M. I——, aged twenty-two, married eighteen months, one miscarriage at eighth week, a florid, healthy-looking woman, had catamenia regularly till seven weeks ago, when she was suddenly seized with acute pain in the abdomen, referred chiefly to the region of the right ovary, which continued for about

ten days, leaving her fairly convalescent at the end of two weeks. As she was feeling stronger, she walked for some little distance, but on her return home was again seized with the acute pain over the right ovary, became perfectly blanched, staggered to a sofa, and was profoundly collapsed for about twelve hours; from this condition she very slowly recovered, and still referred all her pain to the right side of the lower abdomen. On vaginal examination I found the os and cervix uteri œdematous and very tender, but unlike what is usually found in commencing pregnancy, the uterus was fixed and deflected to the right; posteriorly there was a tender semi-solid mass; abdominal percussion—as far as could be ascertained on account of the tenderness—gave a duller note than normal from the groin to the umbilicus on both sides. Her condition during the next twelve days was very unsatisfactory. She had a recurrence of peritonitis, and suffered most distressing pain. Her pulse was never under 140, and her temperature averaged 103° F. Neither herself nor relatives would consent to any operative interference. On the fourteenth day her symptoms became aggravated, and as she would evidently sink before many hours elapsed, permission was given for abdominal section.

On opening the abdomen in the mesial line about a pint and a half of very dark-coloured serous fluid gushed out. On the right side the uterus was bound down by adhesions and coagula to the brim of the pelvis. The right broad ligament was a mass of coagula, the Fallopian tube being much thickened and enlarged; the left broad ligament was encased in coagula, but it was impossible to recognise the Fallopian tube; the intestines at the lower part of the abdomen were matted together by inflammatory adhesions. To appearance and touch much of the coagula resembled placental tissue, but nowhere could I find a trace of an embryo. I removed as much of the coagula as possible without injuring the intestines, thoroughly washed out the cavity with warm water, and inserted a glass drainage-tube into the pelvis. She rallied well from the operation and suffered little pain. On the eighth day, however, she died, obstinate constipation and vomiting being the predominant symptoms.

In my opinion the patient had a right tubal pregnancy; the first attack of peritonitis killed the ovum, which burst after the exertion of walking, and so caused the hæmatocele. If at this time consent had been obtained for the operation her chances of recovery would have been more promising; but on the fourteenth day fresh bleeding took place and handicapped the operation, from which she had not sufficient strength to rally. Under similar circumstances I should not hesitate to advise an early operation, as I think I might promise a fair relief from pain and a probably favourable result.

CASE 2. *Cystic Degeneration of both Ovaries with an old Hæmatocele.*—M. C——, aged forty-two, married, with six children, nine months ago was attended by a midwife, who delivered her after a very severe labour. Some weeks afterwards, not feeling strong and suffering great bearing-down pains and pain in defecation, she consulted a medical man, and was treated by rest in the recumbent position and tonic medicine, but not feeling much better she was admitted under my care into the Guest Hospital. I found the uterus retroflexed, but fairly movable on the sound. Posteriorly, in Douglas's pouch, there was a tense swelling, somewhat caudate in shape and very painful on pressure. Per rectum it was more defined; over both ovarian regions there was considerable tenderness, so much so that it was impossible to ascertain their condition. She could not walk or stand without much bearing-down pain, and she had occasional attacks of obstinate vomiting; the temperature was normal. Permission to explore the abdominal cavity could not be obtained; I therefore treated her with morphia suppositories and mild aperients, keeping her entirely in bed, considering that hers was a case of pyosalpinx—very full—coming on after delivery. As she did not obtain the relief she anticipated, she left the hospital at the expiration of three weeks, but returned after two months, during which time she had had no cessation from pain, and had lost 12 lb. in weight.

As the patient was now quite unable to do anything, and was evidently becoming worse, after consultation I performed abdominal section, and found the right ovary considerably enlarged and full of cysts; the left ovary was also in a state of cystic degeneration, and bound down firmly in the recto-vaginal cul-de-sac. On removing it, a small cyst which was adherent burst, its contents being lost in the pelvic cavity. On rectal examination, directly after its removal, the caudate swelling could still be felt, tense and firmly adherent, evidently an old hæmatocele, which had become partially absorbed, and was now organised. In both instances the Fallopian tubes were intact. I thoroughly washed out the pelvic cavity with warm water; and as hæmorrhage was very slight, I did not resort to drainage. She passed a fair night, but never completely rallied from the shock, and died twenty-eight hours after the operation.

No post-mortem examination was allowed, but I examined the wound, and found that there had been no bleeding; the stumps of the appendices were healthy-looking, and, as far as I could ascertain, there was no appreciable cause for her death except exhaustion. Had she consented to the operation when it was first proposed, I feel assured that her life would have been saved. I have twice operated on more seemingly unpromising cases with favourable results, but this patient was of a depressed, nervous temperament, and greatly dreaded the operation, making her on this account a very unfavourable subject. The case was of interest on account of its diagnostic difficulties, as the swelling was in shape, position, and history typical of what is usually found with pyosalpinx.

Tipton, Staffs.

A CASE OF RAPID PLEURAL EFFUSION TREATED BY ANTISEPTIC INCISION.

BY ALBERT WILSON, M.D.

THE following case is of interest, as it shows the advantage of an incision made during the early stage of pleural effusion before it had become a case of empyema. In fact, the effusion was so large and so rapid, and the dyspnœa and cardiac depression were so great, that the case would never have reached the stage of empyema if prompt operative treatment had been delayed.

The patient, Mrs. B——, aged thirty-five, was first seen by me on March 3rd, 1886. She complained of breathlessness and increased cough, and she had been ill nearly a week. There had been no rigors; the pulse was 140, small and weak; the expectoration was mucous, slightly rusty; respiration 40; temperature under the tongue 102°. On examining the chest, the left base was dull on percussion. The front of the chest was normal in all respects. Auscultation: At the right base there were moist râles and crepitations; at the left base there were no respiratory sounds audible; vocal resonance was increased over the right base, whilst it was œgophonic over the left base; vocal fremitus was increased over the right base, but absent over the left. The absence of vocal fremitus decided the diagnosis as pleurisy and pneumonia.

March 4th.—The dulness is higher posteriorly, and in the axillary line there is also dulness in front from the left side when she sits up. The first sound, which is weak, is loudest behind the sternum. Temperature 101°; pulse 140; respiration 46.

5th.—General condition worse and increased effusion. Absolute dulness at and below the third rib in front, and from a line parallel with the fourth dorsal vertebra behind. The right chest is normal, except for cardiac dulness over the fourth right costal cartilage. The apex of the heart is now almost under the right mamma. There is a total absence of respiratory sounds all over the left chest, both back and front, except above and just below the clavicle. Œgophony is well marked at the angle of the left scapula, the vocal resonance is altered in front, vocal fremitus is absent on the left side, and there are moist sounds over the right base. Temperature 101°; respiration 48; pulse 140. The pulse tracing shows a very small wave, due to the feeble cardiac impulse and the contracted arteries. Operative treatment was now imperative. Being a disciple of Lister, I did not feel justified in opening this large cavity without the spray, as it was a small foul room, and the impure air entering the pleural cavity would be very dangerous and certain to cause suppuration. Further, to wash out the cavity, which I had allowed to become septic, would be an unnecessary labour for me, and a needless and rather dangerous entertainment for the patient. I preferred prevention to cure. I made an incision between the seventh and eighth ribs posteriorly to the axillary line. Clear serum poured forth in abundance; more than five pints were

collected and about a pint was wasted. Air entered the chest freely. When I introduced my finger through the ribs, I could not reach the lung for at least half an hour after the incision was made. When the lung did expand the surface of the pleura was found to be quite rough. A tube four inches long was inserted downward and backwards, and I applied a small dressing of boracic lint soaked in mercurial solution. Within an hour the heart sounds were to be heard under the left breast. Friction was heard posteriorly as soon as the pleural surfaces were apposed. The friction gradually appeared from above downwards, as the expansion of the lung was very gradual, and when I left it had not fully expanded at the base, which I proved with my finger. The pulse tracings, taken every few minutes, were very interesting. Before the operation it was a slight deviation from a straight line, being so feeble. Soon after the operation the pulse wave expanded, getting larger and fuller until there was a full, sharp, apex systolic wave with a marked dicrotic wave, showing low arterial tension, due to the relaxation of the arteries and the removal of the pressure on the heart and main vessels.

6th.—Temperature 101°; pulse 120; respiration 32. The wound was dressed under the spray. There was a free serous discharge through the tube, and air enters with inspiration. The physical signs of pleurisy are well marked.

7th.—Temperature 101°; pulse 120; respiration 26. Wound dressed and tube removed. I inserted my finger to feel the pleura. It felt rough and spongy, like the placenta. I passed my finger round, separating the adhesions of the two surfaces, and it reminded me of a case of placenta prævia. It was the adhesion of the surface that determined me to remove the tube.

8th.—Temperature 101°; pulse 108; respiration 26.

10th.—Temperature 100°; pulse 98; respiration 24. Wound dressed. Very little thin serous discharges. Physical signs normal over both lungs. I could not trace the cause of the slow fall in temperature. The patient, though very weak, is doing well, considering that she was at death's door before I operated.

15th.—Temperature 99°; pulse 90; respiration 20. Wound dressed, and healing satisfactorily. Before the operation I measured each side of the chest from the anterior to the posterior mesial line just below the mammæ. The right half was 16 in., the left 17½ in. To-day, five days after the operation, each side measures 16 in. alike. The spine is perfectly straight, and the left chest is not shrunken. These results could not be attained by aspiration, however skilfully done. The patient was soon restored to perfect health.

Leytonstone.

A CASE OF SUPPOSED FRACTURE OF NECK OF SCAPULA.

BY G. Y. EALES, M.R.C.S. ENG., L.R.C.P. ED.,

HOUSE-SURGEON, TORBAY HOSPITAL; LATE ASSISTANT DEMONSTRATOR OF ANATOMY AT ST. GEORGE'S HOSPITAL; AND SENIOR ASSISTANT-SURGEON, SIRHOWY IRONWORKS.

LAST September R. B——, aged fifteen, a spare, delicate-looking lad, came to me with an injury to the left shoulder. He was playing with several boys, butting at each other with folded arms, when he was knocked over and fell on his left shoulder. On examination I found the following points of observation:—1. Considerable bruising of the deltoid. 2. The acromion process prominent, with depression underneath, and outer third of the deltoid flattened. 3. Arm lengthened about an inch and a half, and drawn away slightly from the side. 4. A rough object high up in the axilla in the neighbourhood of the neck of the scapula. 5. Humerus rotated freely and smoothly, and with but little pain. 6. A round projection in front and below the shoulder, which proved to be the head of the humerus on rotating that bone. 7. On raising this projection upwards, outwards, and backwards, crepitus was produced; the contour of the shoulder was restored, with disappearance of the deformity. 8. Slight increase of vertical measurement around the joint. 9. Great freedom of passive motion, with but little pain.

Owing to the bruising I was unable to manipulate the coracoid process; I therefore put the arm up with a pad in the axilla, with the elbow raised and bandaged to the chest. Five days afterwards, the bruising and swelling having partially subsided, I took off the bandages and found the same condition of things as when I first saw him, but much more plainly. On raising the head of the humerus all the symptoms disappeared, accompanied by loud bony crepitus audible to the bystander; and on removing the reduction force all the above-named symptoms again appeared. I was struck with the ease and comparative absence of pain with which the fracture could be reduced, also the readiness with which it became displaced on removing the reduction force. The rough object in the axilla was now more distinct, and disappeared on reducing the fracture, and was apparently the scapular neck. I now noticed also that the coracoid process did not appear to move on reducing the fracture.

Remarks.—The noteworthy features of the case were (1) the ease with which the fracture could be reduced, together with the ensuing deformity on removing the reduction force; (2) the great freedom of passive motion; and (3) the striking resemblance to dislocation into the axilla. With regard to this latter, the lengthening of the arm, the freedom of passive motion, and the easy reduction of the deformity in the way I have mentioned were sufficient to exclude simple dislocation into the axilla. The other lesions which this injury simulates appear to be (1) dislocation of the humerus into the axilla, with fracture of its neck; (2) separation of the epiphysis of the humerus; and (3) dislocation of the humerus into the axilla, with fracture of a portion of the glenoid cavity of the scapula. The lengthening of the arm and the movement of the head of the humerus on rotation are against the first two. Holmes, in his System of Surgery, states that it is the opinion of most modern writers on surgery that a simple fracture of the anatomical neck of the scapula never occurs, and that Malgaigne has shown that the symptoms of the supposed lesion are identical with those of dislocation of the humerus into the axilla, with fracture of a portion of the glenoid cavity of the scapula. In another place Holmes admits that the two lesions are indistinguishable during life. I hardly dare to express an opinion in the face of such high authority; but why should not a simple fracture of the anatomical neck of the scapula occur as readily as the more complicated injury? because the force to produce either must be of the same nature and very considerable. It appears to me that the symptoms of this case are so analogous to those quoted by Dr. Lotzbeck of Munich[1] and that recorded by Spence,[2] and bearing in mind the fact of the coracoid process being apparently stationary, that I feel justified in saying that in all probability this was a case of fracture through the anatomical neck of the scapula.

The lad having passed from my care and observation for treatment by another surgeon, I am unable to give any details of the progress of the case, but I afterwards ascertained that he eventually gained very good use of the arm.

Torquay.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prœmium.

WEST LONDON HOSPITAL.

ABSCESSES OF THE NECK AND BEHIND THE PHARYNX, ALMOST CAUSING DEATH FROM SUFFOCATION.

(Under the care of Mr. WAINWRIGHT.)

ABSCESS at the back of the pharynx is a very formidable disease, as is illustrated by this case, and requires the most prompt surgical treatment. The chief danger is that of suffocation, either from œdema of the glottis or the mechanical effect of the swelling. In this case the relief afforded by incision of the external abscess made it probable that the post-pharyngeal abscess communicated with it, but the subsequent progress of the case negatived this view.

[1] See New Sydenham Society's Biennial Retrospect for 1867-8, p. 240.
[2] Edinburgh Medical Journal, 1863.

Simple incision with a guarded knife is usually sufficient to relieve the symptoms; but occasionally tracheotomy may be required, as in a case which was recently under our observation, where the flow of pus from the abscess was so copious as to stop respiration. For notes of the following case we are indebted to Mr. R. Lake, house-surgeon.

On May 10th, 1886, an adult, G. H——, was admitted into the hospital suffering from attacks of dyspnœa. His voice was low and harsh, his face very anxious, and the breathing distressed, with frequent attacks of dyspnœa. On examination of the neck a large fluctuating swelling was found beneath the trapezius on the right side, and on looking into the mouth the pharynx was found bulged out on that side and pushed towards the left. There was much swelling in the right submaxillary region. He gave the following history: The swelling with pain began six weeks previously, and there had been gradually increasing dysphagia, so that for the last seven days he had only been able to swallow fluids. He had had syphilis five years previously, and some months ago a general eruption of rupial character broke out, from which he is still suffering.

An incision was made into the abscess under the trapezius, with antiseptic precautions, and about two ounces and a half of pus let out. This relieved the breathing, and it was hoped that the other abscess would be emptied through this. He was given ice to suck.

May 4th.—At 1.30 A.M. he had become much worse; the breathing stopped entirely for a few moments, and it required artificial respiration to bring him round. An examination was now made with the laryngoscope, and there was found to be a large amount of œdema of the right side of the pharynx and tongue, and a swelling on the same side involving the whole of the right side of the pharynx, and projecting beyond the middle line. This was incised, and about two ounces of fetid pus escaped. The symptoms were at once relieved, and when the patient spoke it was with a voice which was now full and clear.

12th.—A mixture containing ten grains of iodide of potassium was ordered, and he was placed on a diet of meat, and allowed stout. He was able to take solid food for the first time during nine days.

14th.—The incision in the pharynx had closed, and so was reopened, two ounces of glairy fluid escaping.

17th.—The dose of iodide of potassium was increased to twenty grains.

20th.—Much better. There is only slight discharge from the incisions.

27th.—The abscesses are quite healed, and the eruption on the body is rapidly improving under large doses of iodide of potassium.

STROUD GENERAL HOSPITAL.

TWO CASES OF EXTERNAL URETHROTOMY.

(Under the care of Mr. STORRY.)

CASE I.—Walter W——, aged twelve, was admitted on Feb. 26th, 1886. The boy gave a history of having fallen, some sixteen months ago, on some stone steps, the sharp edge of one step having caught him in the perineum. There was at the time of the accident considerable bruising and swelling of the perineum, and blood issued from the meatus on attempting to pass urine. He was unable to micturate, and a medical man was consequently sent for, who passed a gum-elastic catheter, and repeated this operation in a week's time. From this time up to the date of his admission the boy had not sought further advice.

On admission, the urine passed in drops, the boy crying out and straining severely; he complained also of a smarting pain at the back of the perineum. Several attempts were made by Mr. Storry and the house-surgeon to pass an instrument, but without success. External urethrotomy was therefore decided upon, and on March 2nd the patient was etherised with one of Clover's small inhalers; and before operating Mr. Storry tried again to pass a catheter, but this was impossible. Mr. Wheelhouse's grooved straight staff, with the beak turned up as a blunt hook, was passed down to the stricture; the urethra was opened upon the staff, and the sides of the divided urethra being held apart with forceps, the small probe-pointed director was after considerable difficulty passed into the bladder. The strictured portion of the urethra was then divided, and the tapering probe-pointed gorget introduced above the director into the bladder; a No. 8 silver catheter was passed through the meatus upon the gorget into the bladder, and the catheter tied in. This catheter was left for ten days, when a No. 9 silver was passed, the perineal wound having healed by this time. After this a No. 8 silver was passed daily, which after a time was changed for a No. 9.

The boy was discharged on April 12th, a No. 10 silver catheter being passed the same morning. He was told to return in three or four days, but failed to do so until a fortnight afterwards, when a catheter could not be then passed, so he was readmitted for a day or two, and was taught to pass for himself a No. 7 gum-elastic catheter.

July 19th.—He passes easily a No. 7 gum-elastic catheter every morning before going to work at a stick-mill in his neighbourhood.

CASE II.—Thomas W——, aged sixty, was admitted April 7th, 1886. The patient had gonorrhœa in the year 1855. He was for three months under treatment. He says "it gathered" at the time in three different places in the spongy portion of the urethra. After this he had no other attendance until 1886 when he suffered from retention and œdema of the penis and scrotum, and was admitted as an in-patient of this hospital. He then had catheters passed. For three years, at the least, he has had a fistula in the perineum and one at the inner part of the right thigh, and for two years he has had another fistula by the side of the frænum preputii.

On admission, the last three inches of the spongy portion of the urethra was of a cartilaginous hardness. Urine came only from the three fistulæ, none by the meatus. There was a deep cicatrix involving the lips of the meatus, through which a No. 1 silver catheter could be passed about a quarter of an inch.

April 13th.—The patient was placed under ether and a way into the urethra was attempted by the meatus, but a very fine probe only reached about a quarter of an inch. An attempt was then made to get at the urethra by means of the fistulous opening by the side of the frænum preputii, but this failed also. An incision was now made in the central line of the perineum through tissues which cut like cartilages, and after great difficulty the proximal end of the urethra was found, but after half an hour's searching the distal end could not be seen or reached. Mr. Storry then prolonged the incision in the left lateral lithotomy line and entered the bladder. The hæmorrhage was very slight. The patient was then taken back to bed, the urine for four or five days passing by the lateral incision. Several attempts were made to pass a catheter by the meatus, and at last one was passed about four inches.

27th.—The house-surgeon was successful in passing a No. 9 silver catheter, after having introduced several smaller ones through the meatus into the bladder. This was tied in for twenty-four hours, and the following day a No. 4 silver was passed and tied in, but this had to be removed on account of the pain and irritation it caused. For three days no instrument was passed; but on the 4th of May a No. 8 silver was passed pretty easily; a day or two later it was passed again, and the patient himself was instructed to pass a No. 5 gum-elastic for himself. The wound in the perineum by this time was healing rapidly, and no urine flowed by the fistulæ.

June 7th.—The sinus on the inner side of the thigh was laid open and scraped; the incision in the perineum has nearly healed, and the patient passes for himself a No. 6 gum-elastic easily.

21st.—The sore on the inner side of the thigh has healed, the fistula by the side of the frænum also is closed, and there is only occasional slight weeping from the perineal fistula. The patient was discharged to-day, being able to pass for himself easily a No. 7 gum-elastic catheter.

MATER MISERICORDIÆ HOSPITAL, DUBLIN.

CASE OF SPONTANEOUS CURE OF OVARIAN TUMOUR.

(Reported by Mr. C. H. CALLANAN, clinical assistant.)

MARY C——, aged twenty-nine years, was admitted on May 21st, 1886, suffering from ovarian tumour, which caused her great inconvenience, and had been undermining her health for some months past. She had been married two years, but had no family. Three months ago she consulted Dr. Duke, of Steevens's Hospital, for a swelling over the right ovary. It was excessively tender and painful, and gradually increased in size unt it extended over the

abdomen. Steevens's Hospital being closed, she was taken into the Mater Misericordiæ Hospital, and seen by Dr. More Madden, the obstetrical physician, who considered the case one for immediate operation, in consequence of the delicate state to which the woman was reduced in a short period and the intense degree of pain caused by the tumour. A few days after her admission the patient was seen in consultation by Dr. More Madden, Dr. Duke, Mr. P. Hayes, and Dr. Boyd, all of whom agreed that the case was one for ovariotomy, the diagnosis being a thin-walled, globular, well-marked multilocular ovarian tumour. The abdomen then measured 43½ in. in girth. Being close on the menstrual period it was decided not to operate until this should have passed, and it was accordingly postponed until June 15th, tonics being administered to increase the woman's strength. She was up and going about the ward, but on June 9th she took to her bed, complaining of intense abdominal pain. After some hours the pain was followed by incessant diarrhœa and profuse diuresis, which lasted four days. At the expiration of this period the abdomen was found to have considerably decreased and no trace of the tumour was discernible. The patient was again seen in consultation by the before-mentioned gentlemen, including Dr. Byrne. All concurred that spontaneous rupture of the cyst had taken place, with effusion of the ovarian fluid into the peritoneal cavity, its absorption thence, and evacuation by the bowels and kidneys. After this the patient gradually improved. An examination was made on June 16th. Some fluid was still discernible in the peritoneal cavity, but the abdominal pain and soreness were greatly reduced. To relieve the pain and help the absorption, an ointment made up of extract of belladonna and mercurial ointment was rubbed over the abdomen, and a mixture of iodide of potassium given, which she had been taking some time previously. The patient remained in bed about fourteen days, recovering both health and strength. The abdominal swelling had gone down to 29 in. The woman finally left the hospital on July 15th, and was again seen after a week, when she was in excellent health and spirits, being about to take a journey to the country.

ST. JOSEPH'S HOSPITAL, VICTORIA, BRITISH COLUMBIA.

ANEURYSM OF THE INNOMINATE ARTERY; SIMULTANEOUS LIGATURE OF THE COMMON CAROTID AND SUBCLAVIAN ARTERIES; HEMIPLEGIA; DEATH.

(Under the care of Mr. E. A. PRAEGER.)

S. B——, a Frenchman, aged sixty, applied for advice on Jan. 26th, 1885, giving the following account of himself. Family history very good. Has never had any serious illness. Had gonorrhœa years ago, but never had syphilis. Has been a gold miner and has done a great deal of "packing" goods to and from the mines. Two years ago a heavy weight fell on his chest. Shortly afterwards he noticed a swelling on the right side of the chest, between the first and third ribs. The swelling has gradually increased in size. Feels an oppression when he draws a long breath. Has a cough, which has only existed the last month or two, and expectorates a little bright blood occasionally. When he walks fast or goes upstairs, he experiences a feeling which he describes as "like palpitation of the heart, under the swelling." Sometimes when walking in the street he is seized with dizziness and inability to breathe, and has to catch hold of anything at hand to prevent himself from falling. Complains of constant pain at the back of the right shoulder and in the chest, under the swelling. Has a constant numbness in the right arm and hand, and says the pain is so bad that he is unable to sleep at night.

The patient's condition on examination was as follows:—Muscular, but not fat. There is an expansile pulsating tumour extending from the right sterno-clavicular articulation to the second intercostal space. The first and second bones of the sternum and the sternal ends of the corresponding ribs are bulged forwards. A loud rasping bruit is distinctly audible all over the upper part of the right side of the chest. Pulsation in the right radial is hardly perceptible; strong and regular in the left. On pressure being made over the subclavian artery the symptoms are modified. Heart sounds normal. The man was ordered fifteen grains of iodide of potassium three times a day and a low diet. This treatment was continued for some weeks without benefit. At the request of Mr. Praeger the patient was carefully examined by Surgeon-Major Harrison, A.M.D., and Staff-Surgeons T. Canning Hickey and J. Lyon, R.N., who concurred in the diagnosis of aneurysm of the innominate artery.

The man was so anxious that operative measures should be adopted for his relief, although the immense risk attending surgical interference was fully explained to him, that with the consent and valuable assistance of the gentlemen above-named, it was determined to ligature the common carotid below the omo-hyoid and the subclavian in the third part of its course. He was accordingly admitted into hospital, and, on March 26th, chloroform having been administered by Dr. Hickey, an incision parallel with the anterior border of the sterno-mastoid was made through the skin and superficial fascia. The deep fascia having been scratched through with the finger-nail, the artery was reached. At this stage the patient vomited, which caused slight delay, but eventually the aneurysm needle, threaded with strong carbolised gut, was passed from without inwards around the artery, and it having been ascertained that nothing but artery was included, the ligature was applied and pulsation in the temporal artery was found to have stopped. Neither the jugular vein nor the pneumogastric nerve came into view. The wound was sponged with carbolised water and drawn together with silver wire sutures. The patient's shoulder being depressed, an incision was then made in the usual way by drawing down the skin and dividing it on the clavicle. While making this incision the patient vomited, and two small superficial veins (which it was the intention to avoid) were accidentally cut across, and caused great difficulty in securing them. A second incision was then made upwards at right angles to the first, and the deep fascia having been torn through with the finger-nail, the subclavian artery was felt for, and the aneurysm needle, threaded as before, passed around it, and the ligature applied. Pulsation was found to be wanting in the radial artery. The brachial plexus was felt, but the subclavian vein was not seen. The edges of the wound were brought together with silver wire, and the arm having been enveloped in cotton-wool, the patient was removed to bed. Pulsation in the tumour was hardly perceptible. The patient soon rallied from the shock, and complained of pain in the neighbourhood of the operation wounds only. 9 P.M.: Very feeble pulsation was felt in the right radial, none in the temporal, strong and regular on the left side. Temperature in the left axilla normal, in the right 96°. He was perspiring profusely. A subcutaneous injection of a quarter of a grain of morphia was given.

March 27th.—Slept fairly well, but has been vomiting and retching violently. Temperature normal in both axillæ. Pulsation in tumour very much diminished, no bruit. Pulsation in right radial rather stronger than last night; hardly perceptible in the right temporal.

28th.—Temperature normal in both axillæ. Pulse 92. Very much stronger in the left than in the right radial. Not properly established in the right temporal. Pulsation in the tumour hardly perceptible.

29th.—Temperature normal. Pulse 72. Feeble in left radial; more so in right. Has difficulty in swallowing; complains of pain in his head; cannot protrude his tongue properly; his speech is thick and he appears deaf. Pupils contracted.

30th.—During yesterday the left side of the face became paralysed, and during the night the left side became hemiplegic. Temperature normal. Pulse 84, becoming stronger in the right radial, but not so strong as in the left. Still complains of pain in the head. Is quite conscious; converses sensibly, but with thick utterance.

April 1st.—Operation wounds have healed by first intention; hyperæsthesia of left side.

May 3rd.—Less hyperæsthesia; passing large quantities (several pints) of urine of low specific gravity (1005); acid, no albumen.

Aug. 10th.—The quantity of urine has steadily diminished under ergot. Complete loss of sensibility and motion in the left side.

Feb. 20th, 1886.—Has continued in much the same state; eats and sleeps well; has recovered sensibility, but not power of movement in the left side.

March 10th.—Caught cold a few days ago; had bronchitis, followed by exhaustion, to which he succumbed to-day—a year, less a few days, from the date of operation.

Remarks by Mr. PRAEGER.—I greatly regret that, owing to a mistake on the part of the hospital porter, no post-

mortem examination was obtainable. The diagnosis arrived at was that the aneurysm was innominate, possibly subclavio-innominate, but that the aorta was not involved. Judging from the rapidity with which circulation was re-established in the right arm, it is probable that the first part of the subclavian, with the thyroid axis, was abnormally dilated. On several occasions previous to the operation, the patency of the vessels to the brain had been tested by making pressure on the right and left carotids together and singly, and after reading the article, written by Mr. Barwell, on this class of cases, this was considered one suitable for operation. Although the patient subsequently became hemiplegic (probably from failure in re-establishing the cerebral circulation), the symptoms of aneurysm gradually subsided, and there is little doubt that the operation succeeded in prolonging his life.

Reviews and Notices of Books.

An Introduction to General Pathology. By JOHN BLAND SUTTON, F.R.C.S. London: J. and A. Churchill. 1886.

IN this handsome and well-illustrated volume we have not only to welcome the work of a new writer, but, what is equally gratifying, to receive in it an abundance of new facts added to the pathological store. When, at Mr. Hutchinson's suggestion, the Pathological Society of London undertook to investigate more thoroughly than had ever before been attempted the diseases of animals, and had obtained with this object the co-operation of the Zoological Society, the services of Mr. Bland Sutton were secured, and in the main the facts recorded in the work before us have been gathered by him in the course of his five years' steady and unflagging pursuit of the objects which the Pathological Society had in view. The Transactions of that Society have been enriched by many communications from Mr. Sutton; but we venture to think that this further publication, which embraces so considerable a range, will astonish even the members of the Society, who have already been witnesses of the thoroughness and zeal with which he has pursued his researches. The gist of the contents of the volume was given by the author in his Erasmus Wilson Lectures at the College of Surgeons last spring; but it is needless to say that the topics there treated have received fresh illustration and considerable expansion here. The work is divided into five sections: the first, dealing with aberrations of nutrition, illustrates the subjects of hypertrophy and atrophy, correlation and degeneration; the second treats of inflammation and its results; the third is devoted to the cystomata; the fourth to neoplasms; and the concluding section reviews the subject of evolution as influenced by pathological processes. To adequately treat of such subjects in respect to the animal world, the writer must be as much a naturalist as a pathologist, and undoubtedly the present author presents just this combination. Such chapters as those on correlation and on the cystomata exemplify this, whilst the predominant idea of the work is the explanation of pathological facts by means of the evolution hypothesis.

Although for the most part the work consists of an aggregation of original observations upon facts of pathological interest in the animal world, there are not wanting pages in which the author shows that he possesses to a marked extent that great gift of generalisation which is so essential in the collation and comparison of individual facts. Perhaps the best instance of this is to be found in the chapter upon Inflammation, where Mr. Sutton boldly assigns a *rôle* to the ubiquitous leucocyte which far outstrips the conception of Cohnheim. For whereas that much-lamented observer and acute thinker was content to attribute the phenomena of inflammation mainly to deterioration of the delicate tissue of the vessel wall, Mr. Sutton, by a skilful use of the most recent discoveries of intercellular digestion and the phenomena of tissue-resorption as observed in the metamorphosis of the amphibian, sees in the white blood-corpuscle an active (we might almost say a combative) body which is stimulated to increase and multiply for the purpose of resenting injury and preventing the intrusion of foreign matter into the living organism. The conception is one which dazzles as much from its simplicity as from the ideas to which it gives rise, opening up suggestions in the direction of explaining the nature of so-called specific inflammatory neoplasms, and capable even of extension into the wider field of all new formations. Great as has been the dignity of the leucocyte hitherto—indeed, its amœba-like characters long since fascinated some naturalists, who endowed it with a special individuality,—it has certainly never been assigned so wonderful a *rôle* as Mr. Sutton would fain have us admit it to possess. We may nevertheless commend the study of this chapter as one full of suggestiveness to those who desire to extend our notions of pathological processes a little beyond their mostly too confined limits.

The chapters devoted to the Cystomata are full of interesting facts well marshaled. They go far to fill up a distinct lacuna in our knowledge. Indeed, the subject has never been adequately treated hitherto in any English text-book; for Virchow's classical description in his great (but unfinished) work on Tumours is not available to the English-reading student. Again, thanks to many observers, and largely to the author of this book, very material additions have been made to the subject, especially as concerns cysts in connexion with the reproductive organs; so that we venture to think that subsequent writers will be under great obligation to him for what he has done in this direction.

As to the chapters on Neoplasms, it must suffice here to say that Mr. Sutton is an ardent adherent to Cohnheim's doctrine of "tumour-germs," and that he adduces very numerous instances of various kinds of new growth in all varieties of animals which bear largely on that doctrine. Especially to be mentioned are the examples of teratomata, where, again, we find many new paths opened up, and advantage taken of the knowledge afforded by embryological research. Indeed, the book is one which will well repay careful study; and the fact that it is the product of one of our younger pathologists is encouraging, not only because it is written in the true scientific spirit, but because it is of good augury for many future contributions from the same source.

Il Clima di Roma. Conferenze fatte nella Primavera del 1885, inaugurando l'Istituto d'Igiene Sperimentale della R. Università di Roma. Con una Carta Topografica e Geologica dell' Agro Romano, e cinque Tavole illustrative. Per CORRADO TOMMASI-CRUDELI. (*The Climate of Rome.* Lectures delivered in the Spring of 1885, at the opening of the Institute of Experimental Hygiene in the Roman University. With a Topographical and Geological Map of the Agro Romano, and five illustrative Plates. By DR. CONRAD TOMMASI-CRUDELI.) Rome: Hermann Loescher and Co. 1886.

MEDICAL climatology has made advances of which the importance could not be better appreciated than by comparing the present work with that published on the same subject by Sir James Clark half a century ago. Dr. Tommasi-Crudeli comes to his task equipped with accomplishments which were hardly considered as within the medical province in his distinguished predecessor's time. Himself an original authority in physiology and pathology, he possesses a knowledge of the earth's crust, its flora and its fauna, the waters that permeate it, the winds that sweep it, such as more than fulfil the Hippocratic ideal. So qualified, he has made a special study of the climate of Rome, and the results of his successive monographs on the subject are revised and condensed in the present volume.

When we talk of the Roman climate we cannot dissociate the theme from its distinctive characteristic—the malarial

poison. What is this poison? Till the researches of Tommasi-Crudeli and Klebs, published in 1879, the most plausible answer was that of Dr. Léon Colin, who defined it as an "intoxication tellurique," an earth-poison generated by the surplus vegetative energy of an abnormally fertile soil, whose fecundity was very partially absorbed by the scanty sprinkling of herbage that overspread its surface. Cultivate this soil, render to this vegetative energy its appropriate pabulum, and you provide the antidote to malaria. Such, stated with extreme brevity, was the theory of Léon Colin, embodied in a work of great ability, which, appearing as it did at the outbreak of the Franco-German war, encountered a public too preoccupied to give it the study it deserved. Tommasi-Crudeli combats this theory. He denies that the Roman Campagna possesses anything like the exuberant fecundity with which it has been credited. Its really fertile tracts are few and far between, rarely compensating the agriculturist for his labour—as, indeed, was well known to ancient husbandmen. Then, again, if the poison were gaseous, as Léon Colin's theory implies, the malaria-surcharged atmosphere ought to be at its maximum at noon-day, when the exhalation from the soil is greatest; but, on the contrary, the localities in which malaria is most pronounced reach their maximum of danger in the morning and evening—those periods of the day when the difference of temperature between earth and atmosphere renders the ascending aerial currents most powerful and most apt to transport the material of the poison. That material, according to Tommasi-Crudeli, is a living ferment, encountered equally on the mountain and the plain, in dry soils and in humid. Its existence was suspected and unscientifically described as long ago as the decline of the Roman Republic by the agriculturist Varro, and its nature and form are defined by Tommasi-Crudeli as a "Schizomêtês bacillaris." For its development it requires a temperature not lower than 20° C. (a moderate degree of humidity) and the immediate contact of the atmosphere with the soil it infects. As the absence of a single one of these conditions prevents the development of the malaria, so certain localities exhibit at times a natural suspension of the poison. In winter, for example, the fall of temperature below the required 20° causes a thermic suspension; the loss of the necessary humidity under prolonged drought causes a hydraulic suspension; and the interposition of sheets of water or of a thick matting of turf on the laying down of a pavement, by preventing the immediate contact of the atmosphere with the infected soil, produces an atmospheric suspension of the malaria. All this argument is worked out with great clearness and force of style in the fourth and fifth lectures, which may be recommended to the teacher or lecturer as models of what academic exposition ought to be.

The various modes of clearing the Roman climate of malaria are examined in much detail, and cannot but interest the practical hygienist who has to deal with similar problems elsewhere. One striking demonstration, in which Tommasi-Crudeli's proficiency as a classical scholar and archæologist comes into play, is that of the immunity from malaria enjoyed by Rome, under the *régime* of the Antonines, whose system of cunicular drainage, whereby the hydraulic suspension of the poison was attempted, was at once ingenious, laborious, and—but for its premature discontinuance—efficacious. Beautifully executed illustrations of the process supplement the author's exposition, and are the next best thing to a personal visit to the spots where excavation has brought the works to light. Other specimens of his power of evoking and rewarding attention are his criticism of Lancisi's doctrine of the causal relation of stagnant water to malaria—the "palustral prejudice," as he calls it,—and his exposure of the same eminent physician's fallacies on the influence of forest-planting as a protection from the poison in its alleged transport by the wind. But on these subjects we have already, in other departments of the journal, summarised the author's conclusions, and we refer to them now as having received his latest touches in answer to the animadversions of recent critics. Notwithstanding its localised theme, the book leaves no vital phase of meteorology untouched, so that its publication in an English dress would be a genuine boon to the profession at home and in the colonies. Messrs. Loescher, we may add, have done their part most creditably. The excellence of the plates and of the maps, particularly the fully-detailed and finely-coloured geological and topographical chart of the Agro Romano, are quite in keeping with the almost sumptuous finish of the paper and typography.

Chemistry of the Carbon Compounds; or, Organic Chemistry. By Professor VICTOR VON RICHTER, University of Breslau. Authorised Translation from the Fourth German Edition, by EDGAR F. SMITH, Professor of Chemistry, Wittenberg College, Springfield, Ohio. London: Henry Kimpton. 1886.

LET us begin by admitting that Professor Smith has done good work in translating Professor Richter's well-known text-book. It was wanted, for, alas, German is still an unknown tongue to many, and we have no English equivalent to Richter. The translation, and we may add the printing, of the American edition are excellent, and any faults we may find are personal to the German author. Fault-finding, however, is not our primary duty here. Organic chemistry is now such a huge growth that no ordinary text-book can adequately represent it. Of late real knowledge has been gained of the constitution of carbon compounds, and the rapid growth of the so-called organic chemistry has been mainly due to this study, and to the development of a symbolic notation by which its results are expressed, and indeed constantly anticipated. A structural formula is at once an explanation and a prophecy, for when once we know the structure of a compound, its synthesis generally follows as a matter of course. The artificial production of alizarin is a case in point. If we knew the structural formula for morphine we should probably be able to prepare it without the assistance of the poppy. Now, Professor Richter's book of over 700 pages, much of it printed in small type, is mainly devoted to classification and structure. An immense number of compounds are included, and the most modern views of their constitution are stated. The book covers the whole range of organic chemistry, and we have only to look it over to realise the enormous extent of the science. Short descriptions—generally very short, and even meagre—are given of each compound, and the general effect of the whole is that of a *catalogue raisonné*, rather than of a manual for practical use. The book is extremely valuable as an adjunct to others, but alone it would be useless to anyone. Of experimental detail there is very little indeed, and condensation is carried so far that in some cases it would be hardly possible even for a trained chemist to carry out the operations alluded to in the text. Nevertheless, every chemist will use it, and will only regret that it was not twice as large as it is. We are glad to see that the trimethylene and tetramethylene groups, so important as intermediaries between the paraffins and the benzene series, receive fair recognition.

THE FEMALE MEDICAL AID ASSOCIATION.—At Simla, on Sept. 29th, a meeting of the above Society was held, under the presidency of Lady Dufferin. An account was given of the useful work done by the Association, and an appeal made for funds to warrant a widening of the scope of its operations, in honour especially of the Queen's jubilee next year.

Abstracts
OF
INTRODUCTORY LECTURES
DELIVERED AT
MEDICAL SCHOOLS OF LONDON AND THE PROVINCES
AT THE
Opening of the Session 1886-87.

ST. GEORGE'S HOSPITAL.

INTRODUCTORY ADDRESS BY DR. WADHAM,

SENIOR PHYSICIAN TO THE HOSPITAL, AND DEAN OF THE MEDICAL SCHOOL.

AFTER welcoming his audience, and especially the new students, Dr. Wadham described the additions and improvements which had been made in the school premises, the increased facilities which had been provided for the study of physiology, and the appointment of Dr. Delépine as special physiologist. Those who knew him, and had already worked under his supervision, would, he said, recognise in his name a guarantee as to the efficiency with which this subject would now be taught, and would find that, for practical work and teaching purposes, the physiological laboratories of the school would be as complete as the most exacting students could require. He then alluded to the competition which was taking place between the medical schools of London and the system of offering entrance scholarships, saying that bold advertisements and offers of pecuniary advantages were superseding the attractions which formerly hung like a halo round the names of men of reputation and experience, and that the old feeling which made a man regard his school as his *alma mater* was threatened with extinction; that students were being bribed to enter the schools; and that there seemed to be a growing tendency to make medical education, like medical advice had long become, a gratuitous gift to all who sought it. He warned the students that the medical profession was comprehensive and difficult beyond most others, that it required for its study more than average abilities and energy, and that, in order even to master the scientific portion of it, they would have to make use of their brain as well as their memories. In advising them as to their conduct, he said: "Remember the oft-repeated boast of Mephistopheles, 'how little beyond devilish opportunity is needed to make men sin,' and keep out of the way of temptation. Above all, neither forget nor be ashamed of the religious and moral principles in which you have been reared; these are the connecting and preserving bonds of civil society, the source of all good and much happiness, and our best comforters in those days from which no man can expect wholly to escape, when the clouds obscure the sun, and all seems dark and desolate before him. You will require them also as safeguards against the temptation to idleness, and perhaps worse, by which, in common with all young men living in large towns, you will find yourselves constantly surrounded—dangers against which neither the care nor the advice of others can shield you, and which can only be avoided by the possession of those good principles which, I trust, have been bred in your bone and burnt into your blood as the richest heritage your parents could give you."

In referring to the difficulty students experience in passing their numerous examinations in the four years supposed to be sufficient for that purpose, the lecturer said, "As a rule, I should say that this is only done by students of exceptionally good abilities and memories, and only by such of them as have the good fortune not to fail in any of their examinations. It would, I think, be better to recognise this fact and extend the period of study for at least another year. This would be fairer to parents, who are now systematically deceived as to the length of time their sons have to remain at the schools, and would be a decided relief and advantage to the latter. The authors of the conjoint scheme appear to have some inkling of this, for they invite students to present themselves for examination in several subjects immediately after registration. In other words, they invite, but do not compel, them, before entering the medical schools, to study chemistry and physics, and pharmacy and materia medica, in the latter case putting the horse behind the cart, and asking students, before they know anything of disease, to come and be examined as to their knowledge of the medicinal action of the agents used for its relief. The effect of this regulation is either that students are crammed in these subjects beforehand, or else have to commence their studies with an amount of work which they ought to get through in their first year, and which they can only accomplish by a process closely allied to cramming here. In this manner they learn an innumerable number of facts, but have no time to assimilate or coördinate them. They acquire information, but not knowledge, not even the knowledge of how to put this information to practical account. This information they deliver over to their examiners as much as possible in the very words in which they received it from their teachers, and, unless gifted with very good memories, forget it immediately. To borrow a very old illustration, it is as if sheep were to vomit up the very grass itself which they have cropped and swallowed, to show how much they had eaten, instead of concocting it into wool and milk. The regulation is also unfair to the schools, for it obliges them to maintain a staff of teachers upon subjects which students are allowed, if not encouraged, to study elsewhere. Unless a student by the end of his first year is successful in passing his examination in all these subjects, with the addition of elementary anatomy and physiology, he has either to sacrifice his next winter session in getting them up, or else to study higher anatomy and physiology, and to dissect, at a time when his mind is busy with some or all of these subjects. In either case the result is that he falls behind with his work, and probably takes nearer six than four years to obtain his qualification to practise. It is true that an attempt has been made to bring the examinations within the capacity of students by issuing synopses as to the range of most of the subjects, and allowing them to take them up one at a time. The privilege has also been lately granted of allowing students to postpone until the second stage of their examination the subjects of pharmacy and materia medica. By this arrangement the student, even without being once rejected, has to appear nine times before his examiners in order to obtain the double qualification under the conjoint scheme. These synopses, however, are either so obscurely worded as to render their meaning difficult, or else some of them are of such a nature as to be only imperfect guides to students, and can hardly be said to bind the examiners at all. For instance, in the case of the synopsis relating to elementary physiology, we find that although the varieties of connective tissue which have to be learnt are carefully marked, yet those of epithelial, muscular, and nervous tissues are not mentioned. The teacher is therefore obliged to demonstrate all the varieties of these in order to cover the whole ground. This brings us to the fact that at the end of his first year a student is supposed to know all the elementary tissues of the body and their varieties, with the exception of a few varieties of connective tissue. It seems, also, an anomaly to tell the unfortunate first-year student—as he is told in the synopsis—that the anatomical knowledge required of him is merely an acquaintance with the bones and the attachment of the muscles to the bones of the upper and lower extremities, and at the same examination to ask him to enumerate the principal changes which the food undergoes in the mouth, the stomach, and intestines, to explain, in fact, the function of organs with which he is anatomically unacquainted—a subject about which he can know nothing except as an effort of memory. This, I suppose, is the necessary consequence of dividing into two parts the examination in that which is really one science—a proceeding no more reasonable than it would be to divide astronomy into two sciences, one teaching the figure and size of the heavenly bodies and the other their movements.

"If I have detained you so long with all these details, it is because I consider that some reform is needed in the present system of examinations, and that the studies of the first-year student should be made less burdensome. These synopses should also be made clearer and more definite, should indicate all the questions that can possibly be asked, and, in addition to being a guide to the student and teacher, should be binding on the examiners. I believe, however, that the best reform would consist in an extension of the period of study; and in obliging the student to pass an

examination in such subjects as chemistry and physics, and pharmacy and materia medica, excluding therapeutics, before he enters a medical school, or, at least, before he commences the study of human anatomy and physiology. If animal and vegetable biology were substituted for pharmacy and materia medica, which latter concern the chemist more than the physician, and therapeutics were included in the examination in medicine, it would, I believe, be a better arrangement, an improvement in the student's education, and facilitate his subsequent studies. I also think that the examinations in elementary anatomy and physiology might with advantage be abandoned. These repeated examinations worry the student and interrupt his work, and are merely tests of his progress which might be much better carried out by the school authorities. Should the conjoint board ever take this view of the subject, they would find the materials for teaching ready to their hand at the London University, in the arrangements of some of the larger schools, and in that which we, in common with some of the smaller schools, have made with the Normal School of Science at Kensington. In this manner students would have time and facilities for studying and understanding subjects which they now only get up by memory for examination, and a check would be put to the pernicious system of cramming, without which no ordinary student can now get through his examinations in the time allotted to that purpose. The period of study being thus prolonged, the expense of medical education would be apparently increased. This increase, however, would be more apparent than real, for the intelligent student from choice and the dull one from necessity invariably occupy more than the conventional four years in acquiring even the rudiments of their profession."

In speaking on the subject of the discipline of medical students, and the proposal to attach colleges to each of the medical schools, the lecturer said: "I believe that in the treatment of the subject the public have not used the wisest method of arriving at a just conclusion. They have placed theory before experience, and the visionary before the practical, and in forming their opinion have been influenced more by their feelings and sentiments than by their reason and judgment. Many, too, who have written on the subject have evidently had no intercourse with students, and are ignorant of their disposition and feelings. At present I have neither read nor heard any argument in its favour which my own knowledge and experience do not enable me to refute. Few men have seen more of students than I have. I have known them living under the roofs and protection of their parents; in small parties under the care and supervision of gentlemen of upright character and having a full sense of their responsibilities towards them and towards their parents; and I have known them living in lodgings free from all control. I can honestly say that the last of these students were as a rule quite as good as the first, and that my experience of the result of associating students together has been anything but encouraging to an extension of that system. So far as my experience goes this tends far more to idleness and gossiping and card-playing than to habits of industry and study; and not unfrequently in these small coteries the evil influence is stronger than the good. Some of those who have proposed the foundation of these establishments have probably done so from an amiable desire to secure for the medical student the advantages of the collegiate system as it exists at the two Universities, and probably in ignorance of its many drawbacks even there. They have, however, overlooked the fact that these colleges exist as the result of past liberality and benevolence, and that the authorities by whom they are managed are supported by funds derived from the same source. Here they would have to be built and managed upon such conditions as would make them successful mercantile enterprises, and this I hold to be impossible except at an expense to students greater than their parents would be prepared to pay. The fact is also ignored that the most important factor in the success of the University system is, not that the students themselves are much controlled, but that the authorities possess the power of controlling and suppressing throughout a considerable district many of the temptations to idleness and dissipation and vice which exist, unchecked and uncontrollable, in this metropolis. What advantage would there be in 'gating a student in this town at ten or nine, or even eight in the evening? Long before that hour, if so disposed, he would find time and opportunities to commit all the sins in the Decalogue, and a good many indiscretions outside it. The success and character of a student depend much more upon his early training than upon any other circumstance. If his parents have brought him up to be industrious, in the principles of virtue and honour, and with a love of truth, he will succeed and prosper in whatever situation he is placed, and the earlier he is encouraged in habits of self-reliance and independence the better he will be fitted to withstand the temptations and accept the responsibilities inherent to his profession. If, on the other hand, his parents have failed in their early duties towards him, no amount of supervision or discipline to which he can be submitted here will compensate for their neglect. They will reap as they have sown, and he will go to the bad under whatever system he is placed. Much of this outbreak of anxiety for the welfare of medical students is due to a still-existing delusion that the morals and conduct of medical students are worse than those of other young men. On this subject I will read you a passage from an address given to the students of this hospital thirty-six years ago by Sir Benjamin Brodie. After advising the students as to their conduct he said:—'Gentlemen, I offer you this advice, not because you are medical students, but because you are young men. I do not believe that you are more in need of such admonition than others of the same age. I know not what medical students may be at other schools, but as to those belonging to this school, with which I have been so long and so intimately connected, I feel it but just that I should express my sincere conviction that there was always as large a proportion of young men diligent in the pursuit of knowledge and decorous in their general conduct as is to be met with in any class of society.' That which Brodie said so many years ago I can now repeat; for if in these times of constant change we are in danger of losing some of our traditions, we still hold fast to that which is comprised in the motto, so brief and yet so comprehensive—'Manners make the man.' It is probable that, as the outcome of this discussion residences of some description capable of accommodating a few of the first-year's students will be established in connexion with some of the schools. Such an establishment would doubtless serve as an attractive advertisement and be a kind of harbour of refuge into which a parent might steer and anchor a troublesome youth, in the hope of finding for him there a more skilful pilot than he himself had proved. But that such establishments will ever be popular with students or have a beneficial influence on their moral training, or on their medical studies, I, for reasons already stated, have no belief. It is with students as with every living product of creation—a case of the survival of the fittest; and in the inevitable contest many of them will disappear.

My task is finished. I have spoken to you of subjects having only a passing interest. I might have addressed you from a higher standpoint, and told you of the endless potentialities of the science and art you are here to study—the science of life, the art by which that life is prolonged and preserved; that science has many problems to be solved and many secrets to be revealed; that art is yet in its infancy, and has many triumphs and rewards for those who shall carry it forward on its conquering course. They who have wrested the secrets of creation from the antediluvian rocks, or subdued the forces of the elements around us to the purposes of man, did not rest content with text-books or the words of the teacher. They went to them only to learn to read. They studied their real tasks with unceasing industry in the book of nature herself. Is less required from those who would read the mysteries of life? You learn here the alphabet and the primer. If you would go further and learn those deeper lessons which enable you to grapple with the enemies of life, with pain, disease, and death, you must read with your own eyes, you must reason with your own brains, you must feel with your own hearts, and your lives must be devoted to the profession into whose ranks you have this day entered as students."

KING'S COLLEGE

INTRODUCTORY LECTURE BY DR. GEORGE JOHNSON, F.R.S., EMERITUS PROFESSOR OF CLINICAL MEDICINE AT THE COLLEGE.

DR. JOHNSON began by referring to the death of Mr. H. Royes Bell, one of the most esteemed members of the surgical staff of the hospital, who, not long since, was suddenly called away, to the great grief of all who knew him. Then with reference to the three great subjects of anatomy, physiology, and chemistry, to which the student's attention has first to be directed, he said it need not be

insisted on that a knowledge of the structure and functions of the human body is an essential foundation for the practice of medicine and surgery. It may not appear so obvious, but it is not less true, that some knowledge of chemistry is absolutely necessary for every practitioner. In addition to its great practical utility, a diligent study of the facts and laws of chemistry will prove an invaluable means of mental training and discipline. Observation, memory, and the reasoning faculty are all exercised and strengthened by a thorough study of that delightful science. Referring next to the various classes of physicians, surgeons, general practitioners and specialists, the lecturer maintained that the only safe foundation for specialism is a thorough knowledge of disease in general, and he illustrated this by reference to diseases of the eye and the larynx. There are, he said, few, if any, special departments of practice which have so indisputable a *raison d'être* as ophthalmic surgery; but there are few diseases which afford so many and such striking illustrations of the close relationship between various tissues and organs and the dependence of apparently local structural changes upon remote, and often general, constitutional states as those which affect the eye. Thus, in one case, impaired vision may be seen to be caused by degeneration of the retina, the result of Bright's disease of the kidney; in another, blindness may result from mechanical obstruction of a retinal artery by a small blood-clot detached from a diseased valve of the heart; while in yet another, loss of sight may be due to degeneration of the nerve of vision, consequent on the growth of a tumour in the brain. Thus, an oculist unacquainted with diseases of the kidney and heart and brain would often fail to correctly interpret the ocular defects with which he had to deal; while on the other hand, a physician who undertakes the treatment of renal, or cardiac, or cerebral disease, without having acquired the power of inspecting the interior of the eye with the ophthalmoscope, is at manifest disadvantage. Again, the laryngoscope has shown that while in one case loss or impairment of voice may be due to some disease within the larynx, in another, it may be caused by an aneurysm or other tumour in the neck or within the chest pressing on a nerve which supplies the organ of voice; while, in yet another case, the laryngeal trouble is traceable to disease within the brain or spinal cord. A mere laryngoscopist then, whose vision is limited to the larynx, would be incompetent to deal successfully with the diseases of that organ. These and other like facts show that between the various organs and functions of the body there exists, both in health and in disease, a correlation, the recognition of which is of the highest practical importance. The universe is governed by all pervading immutable laws. As the astronomers, relying upon the laws of gravitation and of planetary motion, have discovered a previously unknown planet by observing the disturbed orbit of one previously known; as the biologist, in reliance upon the invariability of organic types, has been enabled from the fragment of a skeleton, or from a tooth, to reconstruct the framework of an extinct reptile or bird or mammal; so the pathologist and the practising physician, relying upon the laws of physiology, which, although modified, are not suspended by disease, have learnt that a disease commencing in one organ may involve widespread structural changes in many other parts. It is obvious, then, that the body cannot be separated into different parts so as to make one of them the exclusive object of study and practice. The lecturer entered a protest against the rapid multiplication of small special hospitals, which are injurious by diverting funds from the general hospitals, of which most of them are sorely in need, and by attracting special classes of patients which in the hospitals connected with medical schools would be utilised for the practical instruction of their students. Reference was made to the value of the various modern aids in the diagnosis of disease, such as the ophthalmoscope and the laryngoscope, and the importance of a correct interpretation of symptoms. A most important duty of the practitioner is to ascertain what in the habits or the surroundings of the patient is the cause of disease, and the frequent and powerful operation of mental influences was next adverted to. Referring to the disobedience of the law with regard to vaccination by a large proportion of the inhabitants of Leicester, Dr. Johnson said, "It is as certain as that the sun will rise to-morrow that at no distant period small-pox will invade the town of Leicester, and as a result there will be such a massacre of the innocents—innocent victims of parental ignorance and prejudice—as will probably carry conviction to that eccentric member of the House of Commons who lately had the assurance to ask for an inquiry into the practice of vaccination." Briefly referring to the question of medical ethics, the lecturer said that few special rules would be required if all could act upon the comprehensive maxim, "Thou shalt love thy neighbour as thyself." He warned his hearers against the error of supposing that their studies were at an end when they have obtained their legal qualification to practise. The conscientious practitioner must be a diligent student to the end of his days. The man who is too old to learn is too old to practise. "That which Lord Bacon has eloquently said of all knowledge is in an especial manner and degree applicable to the knowledge which it will be the chief business of your lives to acquire and to use for the benefit of mankind—'It is not a couch whereupon to rest a searching and restless spirit, or a terrace for a wandering and variable mind to walk up and down with a fair prospect, or a tower of state for a proud mind to raise itself upon, or a fort or commanding ground for strife and contention, or a shop for profit or sale, but a rich storehouse for the glory of the Creator and the relief of man's estate.'"

MIDDLESEX HOSPITAL.

INTRODUCTORY ADDRESS BY CECIL YATES BISS, M.A., M.D. CANTAB., M.R.C.P.,

ASSISTANT-PHYSICIAN TO THE MIDDLESEX HOSPITAL, AND THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON.

THE lecturer commenced by remarking on the object to be kept in view by one giving an introductory address, and then proceeded to offer a hearty welcome to the students present for the first time, and with whose aspirations, desires, and perhaps misgivings in view of the apparent difficulties before them, he strongly sympathised. "Let me," he said, "greet you as pupils and as fellow-students. Our office is to assist you to decipher the characters, written often legibly, often most illegibly, upon the leaves of that great volume of disease that this hospital constitutes; and as fellow-students we invite you to take your stand with us in its wards that we may study together the ever-new and ever-varying phenomena of disease, all sharing alike the conviction that the moment the consciousness of knowledge received shuts the eye to the access of more, the moment that the baneful idea of finality in such learning infects the mind, and we conclude that there is no more light or truth to break forth than that which we have perceived, that moment does the man who has finished his learning become unfit to be, in any worthy sense, the instructor of others. For in clinical teaching, as in all other training worthy of the name of education, according to the true meaning of that word, the office of the teacher is (and perhaps here more than anywhere) so to influence the mind of the pupil as to evoke and train his undeveloped powers for the independent observation and induction of the studied facts."

Having spoken of the increased strength imparted to the school by the addition to the teaching staff of Mr. Sutton and Mr. Hern, the lecturer referred to the advantage that would be derived by the students in the proposed residential college—"a building commodious and handsome, occupying the site of those adjoining edifices in whose windows many of you have had the opportunity, during your brief intervals of leisure, of studying domestic life in its apparel, utensils, and casual incidents." In congratulating the new comers on the choice of the medical profession, Dr. Biss said: "The ruthlessness of examining boards within, and the steady pressure of public opinion from without our borders, are forces that are steadily lifting the profession to a higher level of knowledge and skill, coupled with a greater delicacy of thought and work. And a force as strong as either of these is the improved tone of feeling within the profession itself as to the responsibility of its functions and the esteem they merit at the hands of society. The doctor was once expected to ring the servant's bell—in country houses, at least; nowadays, I fancy, the squire and the doctor would both feel equally ashamed to meet on such terms. Little wonder that it should have been so, when the art of healing was regarded as a mere craft rather than as an intellectual and scientific calling, demanding a mind expanded by education, trained to feel and decide for its patients in the direst emergencies of anxiety, pain, and danger. The barber, the leech, the apothecary, the surgeon of ancient days, a man dismal with bones and blood, formed an ascending series,

from which we now see evolved modern physicians and surgeons whose claim to a scientific recognition and a social standing equal to that of any other calling is, happily, justified by facts and, for the most part, admitted at the hands of society. Yet not altogether so: there is not yet that ability that there should be, even amongst educated people, to differentiate the physician from the quack and the surgeon from the bone-setter, and to discern that the advertising pretender or practitioner probably takes the course of displaying his merits to the world, not so much from fear that he might otherwise be unknown, as that if left to the prior recognition of more competent judges it might be decided that there was nothing worth publishing. Nor is the social recognition of our members yet all it should be, though, as to our rank and file, it is a simple statement of fact to say that the medical students and practitioners of modern times are, in point of general culture, knowledge, manners, and gentlemanly feeling, quite abreast of their fellows, who are aiming to fill, or who stand in, the ranks of the Army, Navy, Bar, and Church, while I venture to think that in point of earnestness for work, devotedness, and self-denial in it, they are second to none, and perhaps ahead of all." The lecturer then entered upon a survey of the path of study, and pointed out certain facts, which might, in the absence of personal experience, help his hearers to save time, concentrate their energies, methodise their work, and avoid the pitfalls into which many a student falls. He counselled them to practise from the first day of their course the thrift of time. The curriculum being limited to a minimum of four years, the division of the course of study had been framed so as to meet, stage by stage, the arrangements of the conjoint scheme of the Colleges of Physicians and Surgeons. It followed that no student had any time to lose. It was impossible for him who dawdled through his first year to make up satisfactorily for it in his second. When the second year came it would bring with it its own tale of work, and it was a real misfortune when a man found out too late the disadvantages of dislocating his work from its due relation to the curriculum, and had to grind away at revising for the anatomy and physiology examinations when he ought to have his mind at leisure for the clerkship or dresserships he had come to hold.

The lecturer went on to say that in medical study there was a special faculty that must be trained—namely, the faculty of close, shrewd, thoughtful observation, and the power of correct, inductive reasoning upon the phenomena observed, connecting effects with causes, and drawing true inferences. But that upon which he would ask his hearers to lay supreme emphasis was that in medical studies there was absolutely nothing that could supply the place of the observing faculty. With it all else might follow; without it a man could no more make a truly able physician and surgeon than an ordinary mortal could write Byron's poetry, fashion the sculpture of Praxiteles, or compose the immortal strains of Handel. Jenner observed, what indeed many had observed before, that cow-pox was communicable to man; but it was not till he had patiently carried out the toil of observation and induction for a very long time, and ascertained that it was only in a particular condition of the cow-pox pustule that the virus was capable of efficiently protecting the human constitution, that the magnificent discovery of vaccination was attained. "The noble words of Harvey, spoken two hundred years before, seems almost prophetic of his success: 'Nature herself is to be addressed; the paths she shows us are to be boldly trodden; for thus, and whilst we consult our proper senses, from inferior advancing to superior levels, shall we penetrate at length into the heart of her mystery.' ..... The demonstrative is the most interesting as well as effective method of instruction. Tell a child that heat expands mercury, and such-like facts, he yawns, or thinks of his marbles. Show him a thermometer, let him hold its bulb in warm water and see the index rise, and he is all interest; probably never will forget the fact; and, better still, will shortly apply the observing faculty, thus trained, to the attempted elucidation of something else. This is what makes medical study so charming: the method of demonstration pervades it. If your work is carried on on these lines, your progress will be sound, and you will really be trained, not for examinations merely, but for the more difficult work beyond. But if you substitute books for facts and words for things, you will find yourself in the end far wide of the mark, not having (as has been said) 'at the back of your mind, the change for words in definite images which can only be acquired through the operation of your observing faculties on the phenomena of nature.' I remember hearing one of my old teachers say—and it made a great impression on me—that the most clever clinical note he ever remembered to have heard read to him in the wards by a clinical clerk was found on examination of the patient to be incorrect—pure romance, not fact! Train your senses, then, by observing facts above everything, and you will be as much surprised at how little you can at first see, feel, and hear with certainty in handling cases of disease, as you will afterwards be at how much you can make out with perfect certainty when your training is advanced. ..... Let me venture to advise you to acquire your knowledge of anatomy from the structures themselves more than from books, though books, in their proper place, may not be neglected. Anatomy, however, can never be interesting if it be viewed as the aggregation of detailed facts. It is the grouping of those facts by relations of structure and function, and the generalisations that may be built upon such associations, that cause the subject to teem with interest and facilitate its comprehension. To notice such facts as that all the muscles which have for their function the expression of emotion are supplied by the facial nerve (though some of them in man are ordinarily insignificant and inert, such as the occipito-frontalis or the muscles attached to the auricle, yet in many animals largely subserving that function); or that, as was pointed out by the late Mr. Hilton, the same nerve that supplies a muscle or joint supplies the skin over the insertion of that muscle, or over that joint; or, again, that the nerves which supply muscles enter them at the points where they are the most secure from pressure, well illustrated by the curious fact that the phrenic nerves (literally 'the threads on which our lives hang') pierce the diaphragm, to be distributed upon its *under* surface, where gravitation tends to relieve them of the pressure of adjacent organs,—to note all this not only removes tedium from the work, but greatly assists the burdened memory by classifying in a natural manner the facts it has to carry to the examination table." Having warned his hearers against the danger of depending upon "tips" and "rhymes," the lecturer spoke of the place occupied by Physiology in medical studies. "Let me beg of you," he said, "to form a right conception of what that place is. Physiology is the science of *function*; it does not mean cutting and mounting sections or analysing fluids, important as these things are; that is but anatomy still, the minute anatomy of the tissue, or, if I may say so, of the fluid. It is when you ask, 'What does this muscle do?' 'What does that nerve connected with it do when contraction happens?' 'What is the chemistry of these changes?' 'What their relation to other vital processes?' and questions like to these, that you are studying true physiology. Much as our teaching has improved in this particular, it seems to me that there is room for improvement still. The precious hours of the physiology student are so much swallowed up by section cutting and staining (often so fascinating a thief of time) that the problems of pure physiology are but too little considered with that detailed reflection that they should be when it is remembered that so much of our future work in the treatment of disease depends upon the application of such knowledge. For let us never forget that there are many diseases that, in the anatomical sense, have no pathology. Epilepsy, migraine, diabetes, asthma, and not a few others, wait their complete elucidation at the gates of the medical physiologist. Grateful as I feel for the immense advances of physiology in recent years, and for the enormous advantages to medicine that the labours of such men as Michael Foster and Burdon Sanderson have conferred, I would with all deference venture to record the conviction that, advantageous though it be for some reasons, to study pure physiology—that is, physiology apart from its pathological bearings,—the day must come when the relations of pathological to normal function shall be more habitually studied together, and a fresher development of the science be reached, which, if less "pure" in its ideal, shall be much more complete in its scope, and much more useful to mankind ..... The examinations in anatomy and physiology over, the way is clear to clinical medicine and surgery for a space of two years. This is the period of supreme interest, as of supreme importance; utilise every moment of it. And that you may do so, allow me to offer you one or two counsels. Do not be

satisfied with the cases allotted to you, but study every case in your wards, and keep in your own case-book a concise record of each. Make a point of seeing every case, examining it (if there is no reason to the contrary), and forming at least a provisional diagnosis for yourself before the physician's or surgeon's visit, and, if possible, independently of the resident.....Remember, too, that it is the out-patient department, rather than the wards, that supplies you with the class of cases of the slighter disorders and accidents, as also of those functional, subacute, and chronic diseases that will form the staple of future practice, besides presenting to you a far greater number and variety of cases than the wards. The casualty department, too, must not be forgotten. There alone you will see the exanthematous and other rashes, sore throats, and cases of unusual character and sudden emergency, with special frequency and advantage."

The lecturer then offered the students some advice on the kind of books it would be best to read, and afterwards addressed himself to those who were drawing near to the end of their curriculum. "I may perhaps remind you, in the words of Sydenham, 'That the art of medicine is to be properly learnt only from its practice and exercise,' according to which definition your learning is now really about to commence. If, inspired by the philosophy as by the humility of this thought, you address yourself to the work before you, your success is certain—financially I trust, but, better than that, the success of real usefulness in life. Great responsibilities await you; but these are to be met by preparing for them, not by fearing them. And this preparation will be, and ought to be, a daily task: we must always be learning. Disease is no more stereotyped than are any other vital phenomena; and it speaks to us frequently, if I may say so in its *dialects*, which we must be as ready to understand as its ordinary speech. How needful, then, is it that we should carry forward the spirit of philosophical study with us through our daily round, and not degenerate into mere distributors of drugs—a work which the prescribing chemist or the quack can often do as well as we, finding, indeed, his *raison d'être* in our contentment with mere routine, a spirit which our patients too soon catch from us. 'You can always prescribe for him' I once heard advised to a student in a dilemma about the diagnosis, as a hint for his future practice. We may be very sure that it is of this spirit that is born the feeling in the public mind that blind empiricism is the best guide after all—a feeling the extent of which is witnessed by the endless columns of quackery in our daily papers." Alluding to the importance of the movement for the collective investigation of disease, Dr. Biss indicated three lines of inquiry, which, on account of their greater command of material, could be best worked out by men engaged in general practice—viz., (1) the varieties and relationships of the acute contagious disorders; (2) the real value and use of drugs in clinical treatment; (3) the complete examination and estimation of the value of family histories in relation to the etiology of disease. The lecturer concluded by exhorting his hearers to follow the example of the illustrious men whose names adorned the roll of *alumni* of the Middlesex Hospital Medical School.

UNIVERSITY COLLEGE.

INTRODUCTORY ADDRESS BY MR. A. E. BARKER, F.R.C.S., ASSISTANT PROFESSOR OF CLINICAL SURGERY AND TEACHER OF PRACTICAL SURGERY AT THE COLLEGE.

AFTER alluding to the tendency at the present day to disparage the custom of introductory lectures, the speaker pleaded for them that at least they afforded an opportunity of offering to newcomers launched for the first time on the wide sea of London life a hearty welcome on the part of their teachers, and the assurance that in all their difficulties they will have the sympathy of men who have trodden the same path before. If for no other reason than that these addresses helped to promote that personal cordial goodwill between teachers and students which ought to exist, and which is so apt to be tried, or actually to perish, in the hurry of the daily academical routine, they should be maintained and further developed. In University College especially, which gathered strangers from all parts of the civilised world, and where work is so absorbing, every means should be taken to assure all students that they were welcome. No opportunity should be omitted of drawing closer the social bonds between all its workers. Addresses of this kind might be made of use, too, in introducing students to some of the questions which must sooner or later present themselves to those entering the profession. In this case those present were asked to consider some of the relations of medicine to society and the State, and then to survey the position now accorded to the medical profession by the latter. Two questions were first propounded as bearing especially upon this subject. First, whether medical effort as a whole really resulted in actual benefit to the human race; and, secondly, whether the influence of the medical profession strengthened the moral sense of mankind or weakened it. In answer to these questions, the speaker alluded to what the public require to be constantly reminded of—namely, that their lives are daily protected and their happiness enormously increased by the discoveries of medical science as to the causation of disease as well as by the daily practice of the profession in relieving individual ailments. "The great laws of sanitation, embracing provisions for the prevention of epidemics and plagues, and the cleansing of cities in the wisest and most economical manner, the regulations regarding the examination of food with a view to the prevention of adulteration, and to secure its purity, all owe their inception and much of their elaboration to medical science." The remarkable reduction of the death-rate in large towns within recent years was pointed to as one practical outcome of all this. The immense diminution of suffering and death owing to the discovery of the causes of mortality after wounds and the introduction of the antiseptic methods into surgery were alluded to as special illustrations of the good reaped from medical effort. As to the question whether the moral sense of mankind is strengthened and elevated by scientific medical thought, it was pointed out that the profession is assailed by two different sets of thinkers from two opposite sides. One set asserts that the tendency of our teaching in physiology, biology, &c., is directly towards pure materialism, the other charge us with sacrificing strict reason and yielding in our life work solely to humanitarian sentimentalism and religious enthusiasm. The first reproach us with undermining old and revered beliefs, the second taunt us with committing inconsistencies and blunders, such as prolonging or saving lives rendered miserable by disease we are at present powerless to cure. Referring to these charges, the students were assured that neither is well founded, that the medical profession of all others is least open to the taunt of being carried on in defiance of reason, its whole work having a scientific basis; and that the sadder reproach of arid materialism is equally baseless in view of the spirit of lofty devotion to the older, grander principles of pure charity exhibited daily in the whole work of the profession. As to the charge of undermining the venerable and cherished beliefs of mankind, a few illustrations were furnished from medical teaching showing how some of their best doctrines are confirmed and rendered more intelligible thereby. As students then in this calling, beneficial alike to the bodies of men and to their moral being, the audience was invited to consider how far society and the State accorded that position to the medical profession which was its due, and what both were doing to further stimulate its beneficent energy. It was pleaded that society treated medicine with comparative coldness, that the fact that medicine was rapidly developing into a public service was not recognised, that the State encouraged it but little in comparison to other professions with no higher aims or practice. It was pointed out that while public thanks and public funds were often voted in Parliament to successful commanders and diplomatists, nothing equivalent was forthcoming for the great discoverers in medical science, whose work affected the lives and happiness of millions for all time. Even the less substantial though prouder honours of high position near the throne and hereditary titles were rarely or ever bestowed on medical men. It was suggested that the State might itself derive much benefit by the more public recognition of its achievements and by grants for the prosecution of further research, as well as by calling the highest minds of our profession into its councils officially. It was also suggested that the gracious Sovereign now on the throne, who has ever shown such a warm sympathy with all that ministers to the happiness and improvement of her people, might greatly encourage the medical profession by calling some of its leaders nearer to the throne and giving them a place on her Privy Council, or even among her peers. The result, it was contended, would be beneficial to the Upper House in

many ways, and would also benefit the nation when certain questions of legislation came to be discussed there. It was also thought by the speaker that the interest already occasionally shown by members of the Royal Family in the greater meetings of medical men, if more frequently exhibited, and especially in the annual gatherings of medical students, might stimulate the public to sympathise more with medical life—a matter in which the whole nation is very deeply interested. The same personal interest that is shown by our Royal Princes in the doings of the army, the legal, and even in the musical and other artistic professions would not be thrown away if bestowed upon medicine. But while these things were put forward as worthy of the attention of society, of the State, and of the Crown, the prospect of their being granted was not held up as an inducement to younger men to enter the medical profession, and to devote themselves to it. The divine science and art of healing contained in itself the highest of all rewards worth seeking. It offered to the highest intellects problems which should carry them into the deepest mines of research or up to the loftiest regions of speculation. It offered also to men of warm sympathies quiet walks in the valley below amid the homes of men, where they would have the freest outlet for all their purest impulses, the widest field for kindly, patient, useful activity for others. It offered, in short, to all earnest men work of the best kind suitable to their particular bent, and if old Carlyle's saying is true, that "blessed is the man who has found his work, let him ask no other blessedness," Medicine has indeed the highest reward for all her sons.

WESTMINSTER HOSPITAL.

INTRODUCTORY ADDRESS BY MR. JAMES BLACK.

THE introductory address was delivered by Mr. James Black, B.A., F.R.C.S., lecturer on anatomy at the new schools in Caxton-street, Westminster, on Oct. 4th, at 3.30 P.M. He stated that he thought the time placed at his disposal would be most profitably employed in offering a few words of practical advice to those who were commencing study for the medical profession, and some suggestions relative to preliminary training and future prospects. One of the first questions arising was how the student should profitably employ his time. The answer to an extent was furnished in the prospectus, where he would discover that most of the hours of the day were mapped out either for attendance at lectures and demonstrations, or for practical work in the dissecting room and chemical and physiological laboratories. Students, however, quickly discover that, even then, their labours are not at an end; but that extra hours must be spent in reading over those subjects which had occupied the mind during the day, and which would be quickly forgotten unless subjected to methodical and critical reflection. The inquiry also arose, should there be no time for recreation and out-door exercise? The reply was undoubtedly there should be, for a curriculum defective therein must inevitably produce pernicious results. From his experience at Cambridge the lecturer advised that a moderate indulgence in athletic sports was well calculated to develop the student's physique as well as cultivate his mind. He complimented the school on the fair success which had attended their efforts in the public competitions, and referred particularly to the case of one gentleman who upheld the credit of their hospital in the sports, also carried off the exhibition, scholarship, most of the prizes, and, what would prove of the greatest value of all to him, was in turn elected to several valuable appointments in the hospital. Concluding his remarks on this subject, with the caution that such devotion must be circumscribed within due limits, Mr. Black spoke a few words on music and drawing, which he strongly advised his hearers to cultivate. Music was a special blessing; it afforded the most perfect solace to the jaded intellect. As Dr. Clouston, in his address on Psychology before the British Medical Association at Brighton, explained, "Intense thought will inhibit emotion; whilst, on the other hand, intense attention to objective sounds will inhibit thought." The medical profession included within its ranks many who, to judge by the excellence of their art work, had reached the pinnacle of fame as artists, and who, none the less, had attained an exalted position in their own profession. Dr. Oliver Wendell Holmes, whose recent visit had reminded us that literature too, has for one of its brightest ornaments a member of our profession, happily remarked—"Literature is a good staff to walk with, but not a good one to lean upon. Coleridge had told him, 'Every man should have as well some fixed and regular occupation,' and this advice he would hand on to any who might feel tempted to exchange the steady preparations for a practical career for the uncertain pathway of a literary life." Edward Jenner, one of the greatest benefactors of mankind, often solaced himself, when the cares connected with the progress of his discovery weighed upon him, by playing on the violin and flute with all the mirth of youth. Whilst, then, avoiding unmitigated study, the student should vehemently despise the wanton recklessness of uninterrupted frivolity. To those who could not help working, even at the expense of their bodily and mental powers, he would say, Guard against this as much as possible by systematically taking a good night's rest and sacredly observing the Sabbath.

To proceed to the course of studies, the field open to the medical student was endless in variety, as was illustrated by reference to the following, among other subjects: anatomy, physiology, and chemistry. Allusion was made to the researches of Fraser, Crum-Brown, Lauder Brunton, and others, who have established a scientific explanation of the action of different substances founded on the investigation of their molecular constitution; a distinct connexion being proved to exist between the specific atomic grouping of these bodies and their physiological action. And Mr. Cresswell Hewett's remarkable discovery of the synthetical manufacture of quinine, by which the price of the drug was likely to be reduced to something like 3*d.* per ounce, was also referred to. A certain amount of natural science, physical and biological, the lecturer thought, should be acquired before joining a hospital school, and he sketched out a preliminary course founded on the lines lately laid down by a committee of naval instruction for the preliminary training for the navy. At fifteen an examination equivalent to that for the lower certificates conducted by the Oxford and Cambridge School Examination Board was to be passed. For the ensuing year the boy should remain at his school and specially devote himself to mathematics, physics, modern languages, and drawing. At sixteen, when the above committee decided the naval cadets should join the *Britannia* training-ship to pursue a year's course of technical and nautical instruction preliminary to the succeeding three years spent afloat, when, of course, their studies would be strictly practical and professional. Mr. Black proposed that the candidate for the medical profession should attend some well-equipped laboratory for the ensuing twelvemonth, where he was to be practically taught biology, chemistry, and physics. Certificates should be required of having undergone such a preliminary training, and the student be expected to matriculate in the above subjects on entering a hospital school. The lecturer, whilst profoundly appreciating the value of a thorough classical education, could not but feel convinced that by adopting some such course as the above there would be more likelihood of the student successfully completing his present curriculum in the allotted four years, and that the benefit of a satisfactory preliminary scientific training would become universal, whereas such is now too much limited to those only who intend taking a university degree. Referring to future prospects, he congratulated his audience on the chance there seemed of taking an M.D. degree in London on the same conditions that already existed at certain universities. The corporation of the venerable College of Physicians and the illustrious College of Surgeons amply provided England with a truly representative body, admirably suited to confer an M.D. degree on all really well-educated metropolitan students.

In conclusion, Mr. Black observed that the success of their own school depended mainly on themselves—not less upon the students than those who were members of its staff. All must be actuated by high motives. The splendid site of the hospital, under the shadow of that Abbey where lie the ashes of the good and great, the long roll of eminent men who devoted their services to the good work done in the hospital, and, lastly, the enormous vitality which had enabled the school to survive the crushing blows it had received during its existence of half a century, and to appear as it now did, must inevitably inspire them all with enthusiasm to do their utmost to maintain the traditions of the past.

ROYAL VETERINARY COLLEGE.

IN his introductory address Professor ROBERTSON referred to the changes which had taken place in our views of matters purely biological and pathological. In both human and veterinary medicine, he remarked, the elaboration of the germ theory of Pasteur in its earlier triumphs in the department of surgery is likely to be surpassed by what we may reasonably expect will yet be achieved in the domain of medicine. In preventive medicine, as applied to animals, the recognition of the specificity of many of those diseases which have attracted attention through their destructiveness has given us a solidity of basis in dealing with them which was unattainable while they continued to be regarded as the result of variable influences, sanitary and dietetic. Professor Robertson afterwards directed the attention of his audience to the arrangement of the students' curriculum in its two great divisions of theory and practice, exhibiting the relation of one to the other, and pointed out that no facilities, however abundant, nor teachers, however good, would of themselves be sufficient to enable anyone to secure the ends contemplated unless they were supplemented on the pupil's part by earnest work and the exercise of observation and reflection upon all the facts, physiological and pathological, which they encountered.

SHEFFIELD SCHOOL OF MEDICINE.

INTRODUCTORY ADDRESS BY DR. WILLIAM S. PORTER,

LECTURER ON PHYSIOLOGY TO THE SHEFFIELD SCHOOL OF MEDICINE, AND PHYSICIAN TO THE SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

DR. PORTER, after defending the retention of an introductory lecture and welcoming the new students, said that they had chosen a profession which only offers very limited rewards in a worldly sense, which would make great demands upon their powers of physical and mental endurance, which would impose upon them duties and responsibilities requiring the exercise of much delicacy, tact, and discretion; and which might expose them to personal danger, and their reputation, and even liberty, to some risk. What, then, is there to counterbalance these disadvantages? Pecuniarily, an honourable competence, if nothing more, the medical profession does offer with tolerable certainty; intellectually, a wider and more interesting field for study than almost any other vocation; and, if pursued conscientiously and faithfully, the esteem and gratitude of many of their clients and the reward of an approving conscience. In the words of one who has left us for all time the memory of an honourable and upright life, and the classical productions of his pen, the late Sir Thomas Watson: "It affords ample scope and exercise for the intellect, and is conversant with objects that tend to elevate the thoughts, to chasten the feelings, and to touch the heart." Although it may be undertaken from no higher motive than that of earning an honest livelihood, it is a profession which affords greater scope than most other vocations for the exercise of philanthropy; and it is in availing ourselves of the opportunities afforded us of doing good and unselfish work that we can establish its claim to the attribute of nobility, with which on these occasions it is customary to invest it. It is in the sacrifice of our own comfort, and even safety when necessary, in the interests of those committed to our care; in the little acts of kindness, forbearance, and consideration to those who have, perhaps, only their gratitude to offer in return, that the higher ideal of our vocation is realised. He was not one of those who see very much to grumble at in the social status and position which are accorded us as a profession. We are not a wealthy body, and cannot expect to compete with the advantages which wealth confers; and in this respect we rank much as other professional men do. As individuals, general culture, education, and some advantages derived from early associations and training will always obtain recognition; and the position which a man's individual qualities win for him is more satisfactory than one which is accorded him in right of his profession. If he is a gentleman, and shows that he is actuated by gentlemanly instinct in his private and professional relations with others, he needs no table of precedence to maintain his rank, and is above the disparagement of vulgar minds. But as it is that which cometh out of the man that defileth him, so is it the acts of members of the medical profession themselves that lower their vocation in the eyes of the public. Let it be the aim of each one to maintain the traditions and honour of the profession in his relations to the public, to his patients, and to his medical brethren; that when his race is run he may hand on that honourable heritage to his successors with the knowledge that it has never been disgraced by any act of his. After briefly sketching the curriculum and advising his hearers as to their studies, Dr. Porter entered into a long and eloquent defence of vivisection, and, alluding to Ferrier, Pasteur, and other workers, pointed out the benefits which the world has reaped from their investigations, which could not have been carried out without experiments on animals. "More recently," said the lecturer, "Professor Ferrier and others have made most important discoveries in connexion with the localisation of function in the brain by experiments upon animals. These experiments have not only furnished us with the means of diagnosing, in some cases, the exact situation of a tumour or other local lesion in the brain, but they have also demonstrated the fact that such lesions are within the reach of operative surgery." The concluding words of the address were as follows:—

"Gentlemen, there is a great future before us as a profession, a future which is already beginning to take very definite shape. Great social and physiological questions are casting their shadows before them, and the public are learning to look to us for advice upon matters which concern the health and prosperity of the nation as well as the single interests of the individual. Public health is yet an infant science; let me urge upon you all the importance of its study. The prevention of disease, although it may be the means of cutting down our own incomes, claims a natural precedence over the curative department of our art. One of the social problems of the day is what is known as the alcohol question. And it is not merely the effects of alcoholic excess upon the individual, but the effects transmitted to the race by heredity that brings this question within the domain of public medicine. We have long been familiar with the degenerative lesions in tissues and organs and their consequences produced by long-continued and excessive indulgence in alcohol; but we are only beginning to realise fully, in connexion with this question, by the study of mental disease and brain pathology, the awful fulfilment of the threat that the sins of the fathers should be visited upon the children. We know now how this tendency to degenerative change in the delicate tissue of the brain may be handed down from generation to generation, unless corrected by other hereditary influences and healthier modes of life; and how much mental and moral instability, as well as actual insanity, may be assigned to such a heritage..... In the course of your clinical studies regard alcohol in the light of a drug, often an invaluable one, and notice particularly in what sort of cases and for what conditions it is prescribed, that you may apportion it its proper therapeutic value, and not use it recklessly or indiscriminately. We, as a profession, have often been charged with fostering a passion for alcohol by ordering it indiscriminately; but I believe that such charges generally come from those who seek to excuse their own weakness and want of self-control. Be especially careful how you prescribe it in the case of children and young persons, or for those in whom there is reason to suspect an inclination to indulgence in alcohol, opium, or chloral, for the craving for any of these is an indication of the same essential condition of brain. In treating those who are addicted to alcoholic excess the employment of moral therapeutics is mostly called for, and may not we as medical men do something in this direction? Let us at least endeavour to ward off temptation from those in whom we have reason to suspect an hereditary tendency. Here it is that teetotal organisations come to our aid, and we cannot too gratefully acknowledge their help as a means of voluntary restraint under such circumstances. With those upon whom this vice has fastened we have much less hope of success; but the only course to pursue, I believe, is to insist upon as complete abstinence as possible. I have heard the objection urged, that if you do so your patient will probably leave you and go to somebody else, who is, perhaps, less conscientious and more indulgent to his weakness. Well, gentlemen, I think it is a question of your duty to your patient to advise him for the best; and the fact that others may not be so scrupulous does not absolve you from the obligation to do your duty at whatever cost. Your studies may, not unnaturally, lead you to reflect upon the relations

of theology to scientific teaching. The progress of science has led some of its most distinguished votaries to seek in natural laws the explanation of all that has been hitherto regarded as evidence of supernatural existence, and to refuse credence to anything which is insusceptible of proof. There is in the human mind a natural desire to probe everything to the bottom, and a yearning after finality which tempts us to hasty inferences and conclusions. There are epidemics of opinion as there are epidemics of disease, and the world's history shows us many such instances of waves of infidelity and doubt. The deeper scientific investigation penetrates the more the unity of nature is becoming apparent. In the words of Sir James Paget, 'As the rays of knowledge have extended and diverged, so has their relation to one common centre become more evident, and the unity of nature has become more significant of the unity of God.' Let us rather hold by our faith, and wait in patient confidence for the light of further knowledge. If we renounce our faith, what have we left to live for?

> 'Work without hope draws nectar in a sieve,
> And hope without an object cannot live.'

The spread of materialism warns us that we are in danger of drifting into the realisation of Pope's prophecy in the closing lines of the 'Dunciad':

> 'Lo! thy dread empire, Chaos! is restored,
> Light dies before thy uncreating word.
> Thy hand, great Anarch! lets the curtain fall;
> And universal darkness buries all.'"

UNIVERSITY COLLEGE, LIVERPOOL.

PROFESSOR CONWAY, in delivering the introductory address on "The Succession of Ideals," said the spiritual and intellectual products of the human mind are different at different times and in different places. It is with humanity as with individuals. No one is the same at any two moments. What a man strives and hopes, and even lies and sins for at one time, may be unattractive, may be hateful, to him at another. No conception returns unmodified to the mind. Do what he will, his work repeated results in something new. The ideals of youth, of middle life, and of age, how they differ one from another—differ as widely as the ideals of different men. As with the individual, so with the nation, with the race, and the sum of the races. That which mankind as a whole, or which nations as a whole, have at any time striven after, in so far as they have attained it, enters into the sum of human possession, and may become the property of the individual; nay, if it has once produced a moulding effect upon the race, heredity stamps the sign of it on the babe unborn. Any study, if pursued to the end, leads on to all other studies. Any fact may be chosen as the centre of all knowledge, because whilst the area of what is known is limited, the universe or possible knowledge is infinite. But the boundaries of the known are constantly enlarged, first in one direction, then in another, by the passionate striving of men outwards. The goal-point of one generation's endeavour becomes a detail in the possession of the next. The centre of effort changes, but that which has been a centre ceases not to exist, because the forces of humanity bear past it instead of upon it. A fact does not become more true by being known, nor an ideal more fine because men strive towards it. Whatever part of any ideal is true and good remains for ever a possession of mankind. Every ideal worthy of the name manages to get itself enshrined in some form that would endure if only men cared to preserve their heritage from the past. He that destroys a thing that another once laboured to make murders a dead man. An honest carpenter may continue the influence of his honesty long after his death, if the work he had done be respected by those privileged to use it. If they wilfully destroy it, the good man's influence is at an end. The work of the dishonest clears itself speedily enough away. We may destroy what we please, and leave behind whatever wilderness seems to us good to be our record in the face of eternity. The noble works of noble men once formed we may demolish, and so make the desert about us more complete. Their noble deeds once done we may forget; but works and deeds are beyond our power to annihilate; they have a larger and higher existence there where the hand of man reaches no more back to wither and destroy. Dreaming of such an existence, and of such only, is it possible to say to any man, or race, or civilisation, or ideal, *esto perpetua?*

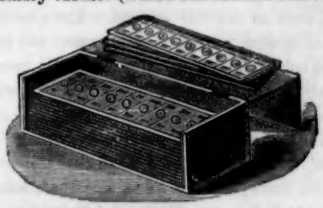
LEEDS SCHOOL OF MEDICINE.

THE REV. F. J. JAYNE, vicar of Leeds, said that whilst trying to find and think out some appropriate topic for this introductory address, he was at the outset impressed by the very large amount of ground common to the various departments of education and the different professions. What is true of one is found to be true, with a few obvious modifications, of all. The physician must possess certain mental and moral qualities—promptitude, discernment, firmness, and the tact which can bring men and circumstances to contribute towards the end he has in view. The learning of the specialist may be profound, his enthusiasm pure and ardent, his instruments and appliances the best that money and contrivance can procure, yet if he lacks the practical wisdom which will enable him clearly to read and deftly to handle those with whom he has to do, he will be baffled and daunted by difficulties of no real moment, he will cause confusion where he should have established confidence and order; he will fail where others, in some respects his inferiors, would have achieved a conspicuous and solid success. We must not be content with a commonplace and low-pitched estimate of the end towards which we are moving. In the very childhood of the medical art a clear and lofty conception of its functions and responsibilities was formed and established. Having briefly sketched these responsibilities, Mr. Jayne impressed upon his hearers the importance of cultivating those moral and spiritual qualities in the absence of which our opinions may, indeed, have the subtlety and brilliancy of the advocate, but not the impartiality and authority of the judge.

New Inventions.

NEW PORTABLE CABINET FOR MICROSCOPIC SLIDES.

MR. MEDLAND, of the Borough, London-bridge, has forwarded for our inspection a specimen of his new portable cabinet for microscopic objects. Its chief recommendation is the circumstance that without greatly increasing the size of the ordinary cabinet (which can accommodate six dozen



slides), the new box can enclose, without more than the usual risk, twice that number. Each glass slide is secured in its place by part of a long flap that projects for a quarter of an inch or so over each end of the oblong slide. This arrangement may with advantage be made more efficient by means of slips of elastic ribbon, which should cause the flaps to snap back after any desired slide had been removed. The price of the cabinet, which is cased in polished pine, is 7*s.* 6*d.*

POISON GUARD.

MESSRS. PITTUCK and SNOWDON, of Hebburn-on-Tyne, have recently patented an appliance which is intended to prevent the accidental handling and unintentional dispensing of poisons. The apparatus, if such a simple, though withal effectual, contrivance merits a name of such dignity, consists of a brass collar to be fitted to the bottle neck, and a perpendicular slide consisting of two bars, which pass, one on each side of the handle of the stopper, and so keep the stopper base firm in the neck of the bottle. When this fastener is used, the immunity from error through unwittingly dispensing poisons from ignorance or absent-mindedness is complete. No one can remove the stopper from a bottle to which this guard is fitted except by a deliberate act requiring the use of both hands. Druggists and medical men who dispense their own medicines would do well to protect their poison bottles by means of this guard.

THE LANCET.

LONDON: SATURDAY, OCTOBER 9, 1886.

THE recently published annual report of the Metropolitan Board of Works illustrates at once the strength and the weakness of the great London sanitary authority. The work entrusted to the Board by scores of Acts of Parliament is enormous both in extent and magnitude, and all agree that a great part of the work is done well. Theoretically Parliament has, of course, control over the Board, but none is in practice exercised, and for more than thirty years every successive Act has increased the powers of the metropolitan authority. Questions are occasionally asked in the House, but the usual official replies are always forthcoming. Either the Board "will make the necessary inquiries," or "it has the matter under consideration," and neither Parliament nor the country takes any further trouble. The apparent indifference of the public to the proceedings of the Board in matters of vital moment is indeed remarkable. It is based, we venture to think, less on unlimited trust than on imperfect knowledge, and a conviction, founded on experience, that interference would be useless. The annual report affords abundant evidence in support of this view. It is absurdly meagre considering its immense range, and the evidence given in support of its statements is often most vague. Frequently, indeed, no evidence of any kind is adduced. The conclusions to which the Board in its wisdom has arrived are stated in few words and with ample self-confidence, even in matters on which there is the widest difference of opinion among scientific men; but the reasons which have led to those conclusions—reasons based, we are told, on elaborate scientific inquiry—are barely indicated in few lines.

We submit that all this is profoundly wrong. That the scientific advisers of the Board have made important experiments we know, and we know also that, being men of great skill and high repute, their experiments are valuable contributions to sanitary science. Whether other sanitarians agreed or disagreed with the inferences, they could not fail to be benefited by a study of the researches. Why, then, are these researches withheld, and with them the written opinions of the eminent scientific authorities who have been consulted? The Board arrogates to itself the position of a private company trading with its own capital, whereas all the world knows that its money is public money expended in enormous sums by a public department. Whatever scientific evidence is gained by the expenditure is public property, and should be available, not only to Londoners, but to the whole civilised world. There is another assumption even worse than this in the position taken by the Board. It assumes the right to wage war against those who on scientific grounds venture to differ from it, as though they were guilty of heresy. And the war is not waged fairly; for the arguments of the opponents are not duly set forth, and are only met by dogmas based on evidence alleged but not stated. The defendant in a civil action would scarcely be justified in adopting such a course, and it is palpably absurd in a body created by the Legislature and supported by the money of the ratepayers. If the policy of the Board be right, why object to showing the grounds on which it is based? If it be wrong, who will be damaged by its modification?

These criticisms apply to many parts of the report before us, but above all to the two or three scanty pages which are entitled "The Sewage and the River Thames." This exceedingly important question was, as our readers are well aware, forced upon the attention of the Metropolitan Board of Works by the reports of the Royal Commission on Metropolitan Sewage Discharge, which was presided over by Lord BRAMWELL. This Commission, in two reports—the second even stronger than the first,—condemned the system of river pollution which the Board devised, and which during the sitting of the Commission it defended with elaborate evidence and at enormous expense. The Commissioners, among whom were three distinguished chemists, two of them physicians, decided against the Board after a most protracted inquiry, and advised in the most forcible terms that the sewage of London, which polluted the Thames throughout the whole tidal area, should be carried down to a suitable spot in Sea Reach, there *purified*—the italics are important,—and afterwards thrown as a clear effluent into what would practically be an arm of the sea. Parliament is, most unfortunately, for the present, unable to deal with great social questions such as this when they involve matters of controversy. Ireland and Egypt, not to speak of Bulgaria and Burmah, make it impossible to do anything for London, and so the matter was referred to the Metropolitan Board of Works, although that body had spent an enormous sum in opposing the conclusions finally adopted unanimously by the Royal Commissioners. What the Board has subsequently done is about what might have been expected. It is set forth with almost contemptuous curtness in the present report. One point is, indeed, conceded in face of the overwhelming testimony adduced before the Commission. It is no longer pretended that the pouring the sewage of all London in a raw state into the Thames near Woolwich is no injury or danger to the river. Many witnesses, indeed, asserted as much before the Commissioners; but the Commissioners themselves inspected the river, and as several of them were half poisoned by the stench, and recorded the fact, the contention had to be abandoned. The first line of defence was, after hard fighting, found to be untenable, but another as near as possible to the old was at once adopted, and there in its new ditch the Board at present remains entrenched with a new show of obstinate valour.

This second line may be shortly described as follows. The present outfalls are to be retained. Barking and Crossness, and the New West Kent outfall opposite Purfleet, are, it seems, essential, in spite of the very strong opinion of the Commissioners to the contrary. But in a leisurely manner "purification" is to be adopted at each outfall. Some portion of the solid matters is to be precipitated with sulphate of iron and lime. After settling for "an hour or two" the effluent is to be thrown into the river. The first idea evidently was to throw it in without further treatment, but as, in the opinion of the chemists consulted, "in hot weather something more would

be necessary to ensure complete immunity from offensive effluvia arising from secondary fermentation"—in other words from putrefaction,—it was decided to treat the effluent with permanganic acid (that is, with a mixture of manganate of soda and sulphuric acid) before sending it into the river. As to the sludge, of which even after pressing there would be 850 tons daily, the Board properly despairs of disposing of it in the vicinity of the outfalls. It therefore proposes to purchase steamers of suitable construction, which shall carry the objectionable deposit out to sea; to what part of the sea we are not told. Then follows in the report a passage of almost child-like simplicity in regard to the alternative scheme of carrying the sewage further down the river. This scheme was submitted to the Commissioners by Sir JOSEPH BAZALGETTE, the engineer to the Board, who, by-the-bye, on a previous occasion had declared it to be impossible. It involves, of course, more expense than the present dirty system, even with its proposed modifications, but the expense would be a small matter for London, and it was strongly and unanimously recommended, as far as its main features go, by the Royal Commissioners, among whom were some very eminent engineers. It is dismissed by the Board in a few lines. The Board objects partly on the ground of expense, but mainly, as we gather, because Southend objects. Surely the force of absurdity could no further go. The Board maintains, first, that the sewage of all London thrown raw into the river near Woolwich does not damage the river; secondly, that any possible sentimental objection may be removed by purification at the outfalls; and thirdly, that the discharge of sewage in Sea Reach would be an irreparable injury to Southend. The Board calmly ignores the condition insisted on by the Royal Commissioners, that even at Sea Reach the sewage ought to be disinfected before entering the river. In Canvey Island, or near it, both the sludge and the effluent could be effectually, economically, and conveniently applied to the land.

OUR readers will learn from letters we publish elsewhere that the committee formed to promote the election of Dr. GLOVER to the Medical Council has been asked to join what is now known as the Birmingham Committee, who resolved last week to adopt as their candidates Mr. WHEELHOUSE, Sir B. W. FOSTER, and Dr. GLOVER. After due consideration this invitation has not been accepted, and the two committees remain separate, each to pursue its own particular aims. The reasons alleged by Dr. GLOVER'S committee for this decision are in our opinion conclusive. Some of his supporters are already pledged to other candidates, while many others "decline to have their freedom of selection curtailed." It is this latter point which must be steadily kept in view. Unless the general body of the profession determines resolutely that it will not brook any limitation of the most perfect freedom of selection of its representatives, there is a great danger that the gift of direct representation will become worthless. For years we have been suffering the disadvantage of having a Council composed of men chosen in a very large proportion by the governing bodies of medical corporations and universities. Matters will not be mended if to them are added other men selected by a small self-appointed committee, and who will be able to pose as the representatives of the thousands in the ranks of general practice. All registered practitioners must be careful to exercise their new right independently, and not submit to the dictation of a committee which assumes to itself the power or the right of selecting the most eligible candidates. We believe that the feeling in favour of a perfect freedom of selection is very strong, and that if this feeling is tampered with a storm of remonstrance will be evoked from the constituents. By all means let us have candidates recommended as suitable for posts on the Council by committees of their friends and acquaintances; but this having been done, let the selection of the three who are to represent the practitioners of England be left absolutely free and unfettered.

Of the merits and claims of individual candidates, it is perhaps not the time to write fully. We would deprecate an early pledging of votes. Better is it for an elector, when canvassed, only to promise to consider well the claims of the candidate in question, and then to vote only for those who will most surely express at the Council the views of the great electorate. An intimate acquaintance with the duties and responsibilities of general practitioners is a prime requisite in a good candidate. A knowledge of the past work of the Medical Council, of its duties, its powers, its resources, and its defects, is scarcely less valuable. A desire to advance the highest welfare of the profession and to free it from all that savours of charlatanism and chicanery is also important. Mere professional eminence and merit, praiseworthy as they are, will not—must not—be accepted in lieu of these requirements.

AT the recent Congress of the Sanitary Institute Dr. SEATON read a paper on the Notification of Infectious Diseases, as to which he had, in his former capacity of medical officer of health for the borough of Nottingham, a somewhat wide experience. He takes it for granted that, both on the part of the medical profession and on that of the public generally, the need for notification is generally admitted, and in this view he is doubtless correct. But the progress which is being made in the extension of the system is slow, and this tardiness is due to a number of difficulties with which the subject is surrounded.

In the first place, the actual utility of compulsory notification in preventing the spread of infectious diseases is, in several respects, not so marked as had been anticipated. Where such diseases as cholera and small-pox are concerned, there is, except perhaps as regards the latter disease in the metropolis and some large cities, little difficulty in securing notification and in dealing with the sick; but when scarlet fever, the most fatal perhaps of our current infectious fevers, is in question, it is extremely difficult to show that, apart from such general diminution as has during the past few years prevailed throughout the country, any material result has followed in the towns where the system of notification is in operation. Such result as has been obtained relates rather to a diminution in the percentage of deaths to attacks than to any falling off in the number of cases. It must, however, be remembered that the system of notification has not very long been in operation, and that the time which has elapsed may scarcely have sufficed to have allowed of any material

effect on an infection which has acquired the firmest possible hold on the inhabitants of our towns. Then, again, such failure as has followed on compulsory notification must, to an important extent, be set down to the want in many districts of any efficient sanitary organisation for dealing with the diseases notified. There are, indeed, towns which have made little or no use of the special powers granted to them, and which have not so much as a decent hospital for the proper isolation of first attacks of such infectious fevers as constantly occur in their midst. Neglect of this sort tends largely to bring the whole system into serious disrepute, and although we do not doubt that some good may be done by way of controlling school attendances and otherwise, where notification is not followed by any efficient isolation and disinfection, yet we are inclined to think that in the long run it would be advantageous if powers of compulsory notification were withheld from all authorities until they had shown their intention to make proper use of the information they wished to acquire, by providing an appropriate hospital and some efficient means of disinfection.

The difficulty of deciding who is to give the notification to the sanitary authority must also be regarded as a prime obstacle to any rapid extension of the system. Dr. SEATON, as an officer of health, evidently feels very strongly that the medical practitioner in attendance on the case is the proper person to make the notification, and he instances the case of Greenock, where notification has had to be made by the householder, as typical of the failure of the latter method. A perusal of the current reports of medical officers of health favours the same conclusion, and in the towns where notification is required both of the householder and the medical man, it is admitted that the former is rarely or never required to make it, and that it is almost invariably effected by the latter. But at the same time it must be remembered that there is a strong feeling on the part of a large number of medical practitioners that this duty should not be imposed upon them by the Legislature, and until they can view the matter in the same light as the medical officer of health does there will probably be no very large extension of the system. But notwithstanding all the drawbacks which attach to the compulsory notification of infectious diseases, as now carried out, it is certain that for the class of disease of which enteric fever is the type much good has been done, and more still is in progress.

The inspection of premises which follows on the notification of such diseases has revealed a large number of defective sanitary conditions which would otherwise never have been discovered, and the action which has been taken to secure their abatement has greatly tended to an improvement of the circumstances under which the people are living in the sanitary districts where exceptional powers as to notification are in operation. Works of water-supply, sewerage, and of house drainage, the prevention of overcrowding, the control of dairies and the sale of milk, have all been materially facilitated by the discovery of infectious diseases under conditions which have called for action on the part of the sanitary authority; and even if this were the only result as yet attained by notification, it would be an important one. But the time has not yet come when it can be shown that all the results originally claimed for the system have been brought about.

There is one part of Dr. SEATON'S paper with which we cannot agree. In dealing with the question of providing means of isolation for the diseases notified, he admits "the fact" that small-pox has been found to be most prevalent in the neighbourhood of the large London hospitals," and then, curiously enough, he rather complains of "a most unreasonable fear of the dangers which may arise from an infectious hospital." We think that "the fact" he refers to makes the fear of small-pox hospitals most reasonable. But, in maintaining the contrary opinion, Dr. SEATON goes on to state that it has been shown that the experience of the country towns is altogether opposed to that of London. We know of no such proof. But we do know that this same view of the harmlesness of London small-pox hospitals was held quite as stoutly as that relating to the country ones is now maintained, until the metropolitan hospitals were put to a test to which no other hospitals in country districts have been subjected. And further, whatever be the cause which leads to mischief around small-pox hospitals, we believe it has operated as regards several country as well as London hospitals. There was a large incidence of small-pox around the Oldham Hospital; the same has been alleged at Birmingham, and, curiously enough, although maps are issued showing the incidence of other infectious disease in various parts of the borough, the reports give no such information as to the localisation of small-pox. And again, a careful perusal of Dr. SEATON'S own paper before the Epidemiological Society as to small-pox in Nottingham leads us to believe that if the rate of attack per house in the different zones around the Nottingham Hospital had been calculated in the same method as that adopted by Mr. POWER in his masterly report on Fulham, the case of Nottingham would, in all probability, have afforded a striking proof of the truth of Mr. POWER'S conclusions. Until country small-pox hospitals have been subjected to the same crucial test as the metropolitan ones have been put to, the less that is said about them the better.

TRULY there is no limit to the application of the term "hysteria." The Clinical Society during its last session listened to the doctrine of hysterical hyperpyrexia. This was by an English observer, Dr. HALE WHITE; and now a French observer, M. DEBOVE, is discoursing on hysterical apoplexy. There is right and there is wrong in the use of this term to express the phenomena to which the English and the French physicians wish to draw attention. We think that the word "functional" would be preferable even when the ordinary phenomena of hysteria are under discussion. M. DEBOVE speaks of apoplexies due to the influence of lead, mercury, and alcohol as also hysterical. The essence of the controversy lies in the nutshell of a name. There are in the brain certain centres having certain functions, which may be deranged by organic and by non-organic causes—i.e., irremediable and remediable or removable causes. A hæmorrhage may abolish certain functions by placing *hors de combat* certain structures exercising those functions. It is conceivable that the same structures may be the seat of intrinsic disabilities leading to

an overaction or cessation of action. And the same structures may be excited to overaction or inaction by toxæmic conditions. Is there any good reason why we should style a paralysis "hysterical" because we cannot ascertain the cause that has led to the inactivity of the paralysed centre? If the etymologically unfit word is to be retained at all, its use should, in our opinion, be limited to describe those cases in which there is every reason to believe that the affection has been brought about as the result of an inherently faulty condition of the nervous protoplasm, such as is inferred when we recognise the existence of the well-marked neuropathic disposition. For all this, the case which M. DEBOVE described as hysterical apoplexy is full of interest. The following is an outline of the case. A man aged thirty-one, whilst walking away from the dinner-table, suddenly lost consciousness and remained in this state for twelve hours; no convulsions appeared to have occurred, the lumbar centres of the cord did not give way (or at least neither defecation nor micturition was noted), and the limbs remained relaxed. At the end of the period of unconsciousness the left side of the body was found to be paralysed, and there was absolute loss of sensation in the whole of the left half of the body, including the special senses. The paralysis of motion disappeared considerably in the course of a few hours, so that there was but some weakness on the next day. The hysterical, or, as we should prefer to call it, "functional," nature of the affection is proved by the circumstance that the defect of motion and the loss of sensation could be made to pass over to the opposite side of the body by the employment of any of those agencies that are ordinarily effective in the causation of the phenomena of "transfer," and by the further fact that the whole of the symptoms disappeared in the course of a few days. One more principle should be borne in mind: "hysterical" phenomena are not unfrequently met with in cases of genuine organic disease of the brain. It is important to add that M. DEBOVE's patient was in the marine service, and had never been known to suffer from any phenomena that could be classed under the heading of nervous—surely an argument against labelling his case as one of hysterical apoplexy. But there is some consistency in M. DEBOVE's method, for he apparently designates most functional paralyses by the same inappropriate adjective.

Annotations.

"Ne quid nimis."

THE GENESIS OF TYPHOID.

TILL within the last fifteen years Rome stood conspicuous among European cities for her exemption from gastro-enteric fever, and yet she had many of the conditions which favour the rise and progress of the malady—a town council whose neglect of sanitary law had passed into a by-word, and periodical overcrowding from the hordes of pilgrims that even in Dante's time formed a veritable "army" of conscientiously filth-despising, flesh-crucifying ascetics. With every facility for its being imported and effecting a foothold in the Eternal City, typhoid was known to Baglivi, Lancisi, Puccinotti, Valentini, Folchi, and other great Roman physicians only from foreign treatises or correspondents never in their own practice, whether private or in hospital. True, there were acute fevers, there were "subcontinuous remittents"; but their response to treatment, hygienic and clinical, proved their absolute non-connexion with typhoid. The Leonine City, for instance, was visited by a fever which, in Lancisi's time, swept away 2000 victims in three months, but which disappeared under the prompt measures of that eminent physician—the draining of the moat of Castle St. Angelo and the exhibition of Peruvian bark. Besides this fever described by Lancisi as "febris castrensis" from its association with the stagnant water of moat-defended garrison-towns, there was the "febris hemitritæa," or semi-tertian remittent, which Liebermeister has tried to classify under "typho-abdominal." But even this, both in symptoms and in response to treatment, was not a true typhoid, and is described by Petroni, a predecessor of Lancisi's in Rome, as occurring very rarely (*perraro*), and by Lancisi himself as only epidemic when an inundation of the Tiber had preceded it; while Professor Valentini, an eminent authority for the first half of this century, says of it: "Nostris temporibus fere nunquam observatur." The statistics of the Roman hospitals afford further proof of the city's immunity from typhoid till within the last decade or so, these hospitals lying low and very inferior in construction and sanitary appointments to those of London, or even Paris and Vienna, yet hardly ever exhibiting even an imported case of typhoid for the instruction of the students. But now all this is changed, and in the new quarters of the city which have sprung up since 1870 typhoid is getting far from rare. The introduction of English watercloseta into the Roman dwellings is, by common consent of the local physicians, the cause of this formidable importation. Dr. Fattorini has recently published an able essay on the genesis and propagation of typhoid in Rome, and traces the appearance of the disease to the sewage poison for the first time finding its way into the drinking-water of the inhabitants. "The ancient Romans," he says, "knew nothing of the microscope nor of bacteriology, but they had an intuition of this double source of infection, and they set themselves to protect their city from it by their marvellously constructed *cloacæ*, which promptly carried all excreta away from inhabited neighbourhoods, and by their equally marvellous aqueducts, which supplied every urban quarter with the purest water in such volume that it kept constantly flushed the *cloacæ* themselves. This hygienic practice they consecrated in their cult of the goddess Cloacina, and they sealed it with the physiological axiom: 'Ubi bonæ sunt aquæ, ibi bonus; ubi malæ, malus itidem est aer.' A part of this precious heritage, the aqueducts, abides with us their effete posterity, and it was precisely this which kept us in the health and strength we enjoyed, in spite of everything we did, by our effeminate lives, led amid corruption and dissipation, to spoil it. It was precisely that portion of the antique, supremely pure, potable water which chanced to remain to us, notably the Acqua Vergine, which maintained Rome up to the other day, even in her Ghetto, free from those terrible typhoid epidemics which in every other city have for centuries raged so fiercely and reaped so many victims." Dr. Fattorini then describes to his readers how the Acqua Marcia reintroduced into Rome in 1870, and distributed to the new quarters in scanty volume, has combined with the English watercloset system to convey the sewage effluvia from floor to floor of the dwelling-houses. Moreover, this Marcia water having lost its great original purity, lies in cisterns on these floors till it loses its initial coolness (12° C.), at which bacteria do not live, and rises in warm weather to 25°, or even 30° C.—a temperature most favourable to all manner of putrid fermentations. Dr. Fattorini urges the ædiles of modern Rome to insist on every house, before it is inhabited, being furnished with the ordinary means of preventing the drinking-water from communicating with sources of sewage

contamination, and in the meantime recommends all inhabitants of the Marcia-supplied quarters to use that water only in the boiling state for culinary purposes, and to drink nothing but the Acqua Vergine, which feeds the public fountains in such sparkling and exhilarating volume.

THE "CAN" AND THE "SHALL" OF WOMAN-CULTURE.

No physiologist will question the possibility of developing by appropriate stimuli, exercise, and food, any particular part or parts of an organism in such manner as to make it respond to the demands of its environment. Beyond doubt this mode of development is the natural process of evolutionary growth and modification. It must, therefore, be theoretically possible, as it has been abundantly shown to be practicable, that a female of the species *homo* shall be developed in respect to any one or more of her organic potentialities to a level with the male. And what has happened in the case of an individual may occur in any number of instances. In short, the difference between woman and man in respect to any of the brain or muscle functions is, as the difference between any two women or any two men respectively, one of development by training. The female is undoubtedly, from a developmental point of view, an animal in which the evolutionary process has been arrested or, more accurately speaking, diverted from the general to the particular, for special reproductive purposes, before the culminating point could be reached; moreover, it has been maintained that the controlling force as regards the determination of sex is one of procreative ascendency, the temporarily more exigent parent determining sex on the side of desire; the male parent selecting, in an evolutionary sense, female offspring, the female parent selecting or determining males. The explanation of the *modus operandi* of procreative exigency is that this exigency is the effect of preparedness to produce. The point to perceive is that the differentiation of sex is not in the nature of superiority or inferiority as regards the integrity of the animal organism, but one of special fitness, and therefore there are certain *plus* or *minor* qualities connected with sex which are the natural concomitants of the differentiation, but do not constitute disabilities. Thus the female is smaller than the male, unless smallness be an advantage in respect to locomotion, as in certain birds, when the apparent rule is not followed, because the real underlying and constant principle necessitates a change of policy, with the same object and a seemingly different, though actually identical, result. Meanwhile there is no physiological reason why the female should not be developed to proportional size equal with that of the male if suitable stimuli, exercise, and food be applied. We do not doubt that in a certain number of generations, women, if cultured as men are cultured, might be developed in all respects to the same proportions as men in respect to brain or muscle, or both; but we contend that if this were accomplished they would be *monstrous*. A masculine race of women would be as abnormal as an effeminate race of men, and in process of time the instinct of nature would assert itself, so that womanly women would feel the same contempt for masculinity in their sex as manly men feel for effeminacy in theirs; and when this instinct asserted itself, there would commence, involuntarily and uncontrollably, a reversion to the normal type, so in time the monstrosity of development would correct itself; though not, perhaps, until—as often happens in revertings to a lower type—the returns were carried too far, and the female unduly degraded for a time. There is evidence that this has occurred. As regards any individual woman or any number of women not *personally* defective in regard to organic capabilities, it must be conceded that she or they *can* do anything that a man of similar organic capabilities is able to do; but the question *shall?* arises; and though we are not prepared to go the length of saying that the special powers of sex will be impaired by the general development, we are of opinion that the rule of natural fitness will be broken, and in the end so disadvantageously that Nature must and will interpose to restore the type by reversion. This we take to be the sum of the argument in explication of the question, "Can a woman do a man's work?" The subject is one which cannot be intelligently studied or discussed apart from the recognition of physiological laws and principles.

OUR INCREASING POPULATION.

HAVING, in his annual report on the parish of St. Mary's, Islington, announced that the death-rate for 1885 was the smallest on record, Dr. Meymott Tidy discusses the meaning of the facts relating to diminishing death-rates as affecting the population of England and Wales. The present population may be set down at 24,000,000, and the acreage of cultivated land at 30,000,000; there being thus one person to 1·25 acres, or about one-fourth the quantity of land per head of the population of Europe as a whole. But statistics show that 150 people are every year added to every 10,000. Reminding his readers that about twenty generations have passed since the Norman Conquest, Dr. Tidy asks what will be the result when twenty more generations of Englishmen are numbered among the dead; and he explains that at the present rate of increase there will then be a population of 27,220,000,000, who would require a place of abode of twenty earths if the then population were no more dense than the present one now is. Tracing the increase in population through its various stages, the report points out that in the reign of Henry VIII. the population of England, kept in check by wars and pestilence, numbered not more than 5,000,000, whilst in the early part of the reign of George III. it was about 7,500,000. Then came a period of commercial prosperity, and with this the population of England went up first to 10,000,000 or 11,000,000, and then to 16,000,000 at the period of the repeal of the Corn Laws. At the present time 24,000,000 have to be housed and fed in England and Wales; and in face of this fact we have to remember that our exports are things that cannot be eaten, whereas 50 per cent. of the food we require comes from abroad. Dr. Tidy doubts the healthy condition of a nation that cannot maintain itself, and he regards the present increasing population and declining trade as serious facts for the sanitarian and sociologist.

MUSCULAR ATROPHIES.

THE most commonly recognised muscular atrophies are those that result from disease of the spinal cord and nerves, as well as that variety which is due to simple disuse. The neuritic and myelitic muscular atrophies are remarkable for the rapid rate of the wasting. That which is the simple outcome of disuse is manifested gradually. The electrical reactions of the wasting muscles are of great interest, and serve to group the different varieties into at least two main classes. Inflammation of the spinal motor cells, or of their prolongations in the mixed spinal nerves, leads to rapid atrophy, and the nerves soon cease to respond and the muscles to contract to the faradaic current. In chronic spinal muscular atrophy, or progressive muscular atrophy, the reaction of the muscle to faradaism is retained so long as any muscular fibres remain. In this disease it would seem as though we had to deal with a degenerative affection of the whole muscular apparatus, for in many cases the whole length of the nerve-cells and fibres of the brain (pyramidal tracts), as well as those of the spino-muscular segment, are found to be wasted. In the amyotrophy resulting from arthritis, about the pathology of which some difference of opinion exists, the electrical reactions are generally

normal, but a change may be detected in some cases. As a general rule the wasting occurs in the entire length of the extensors of the joint affected, though other muscles moving the joint may be wasted, and occasionally the whole of the muscles of the limb are involved. The muscular atrophy that attends arthritis deformans of the multiple type is frequently remarkable. It has been ascribed, with the joint affection, to the influence of abnormal impressions from the generative organs acting on that part of the spinal cord corresponding to the muscular and arthritic atrophy. But it is quite as probable that the muscular wasting is the result of the joint disease, and of the same order as the amyotrophy resulting from an arthritis, however induced. It is supposed that the arthritic muscular atrophy is of reflex origin, due to the disturbance of some trophic nerve centre, irritated by the painful state of the sensitive nerve fibres. In addition to the amyotrophies already mentioned, there is a variety due to over-use; this is most frequently met with in feeble individuals, who use the muscles, generally those of the hands, unduly. But the list of muscular atrophies is not yet exhausted, for we have to recognise the idiopathic forms, of which the pseudo-hypertrophic paralysis is the best known. The simple idiopathic kind, in which the muscles waste gradually, without, so far as is known, any atrophy of the nerves or spinal cord, runs in families, and usually begins before adult life is reached. Some have even endeavoured to make another variety of this idiopathic group by separating those cases in which the atrophy begins in the face. Sometimes the amyotrophy accompanies hysterical paralysis, and cannot be ascribed to simple disuse, for the atrophy is frequently of rapid course in these cases. The same sort of atrophy of muscles is witnessed in the cases of disease of the spinal cord where the lesion does not anatomically affect the parts presiding over the nutrition of the wasting muscles. We must here suppose that some kind of morbid influence is exercised by the coarse disease of possibly the same kind as is transmitted to the trophic centres from diseased joints. The electrical reactions in this last class of cases are also generally normal.

SUFFOCATION IN A WELL.

A PAINFUL story of death from misadventure, which in this as in so many other cases means death from ignorance or carelessness, was investigated the other day by Dr. Danford Thomas. A prisoner in Pentonville Gaol volunteered, with a colleague, to descend a disused well for the purpose of removing pumps. The danger of such a proceeding is manifest, and it is reported that the authorities were warned of the danger, and the jury certainly appended a censure to their verdict. One of the men died and the other was so much affected that he had to go to a hospital. It is scarcely necessary to remind our readers that the utmost caution should be used before entering any well or confined space. Carbonic acid generates under a variety of conditions, and its action, even in small quantity, is not only poisonous but paralysing. The candle test is, when properly used, sufficient. If the candle burns clear and bright to the very bottom there is no danger, but if it does not go to the bottom there is always a possibility that carbonic acid, which is half as heavy again as air, may lie there, as in the celebrated Grotto del Cane, in which a man can stand while a dog is asphyxiated. It is commonly supposed that carbonic acid accumulates only in old or disused wells. This is a dangerous delusion. We were present a few years ago at an inspection of a new well on the estate of our lamented Editor, the late Dr. Wakley. The well had only been sunk a few weeks before in a country place remote from houses. It was loosely covered, and one of the men was about to descend for the purpose of inspection, when Dr. Wakley, with characteristic caution, insisted that a candle should be lowered first. It went out before it had gone six feet; and it is certain that if the man had gone down, as he proposed, he would have fallen lifeless to the bottom. The generation of carbonic acid below the surface of the earth is apparently capricious. The curious pits or caves, some of them more than a hundred feet in depth, which abound in the neighbourhood of Bexley, in Kent, contain no carbonic acid, as we can testify from personal experience, although they are said to have been excavated in prehistoric times; whereas, as in the instance already quoted, the gas may accumulate in a perfectly new chamber. The mere extinction of a flame is not a sufficient indication of danger. If the candle burns dimly there is risk, for the gas acts on living beings as on candles, and insensibility, or exhaustion tantamount to it, may be produced by a quantity of carbonic acid which would not immediately kill.

THE "BONE-SETTER" TRIUMPHANT.

A CASE of considerable importance to the medical profession was decided at the end of last month in the County Court of Cockermouth. The facts were briefly as follows. On June 27th, 1884, a solicitor named Nicholson injured his ankle, and sought the advice of Mr. Spurgin, in practice at Maryport. He remained under his treatment until the 16th of July, when, being dissatisfied with the results, he called in a "bone-setter," who, by the way, was not a duly qualified man. On the part of Mr. Spurgin it was contended that the said injury was only a severe sprain of the ankle, without fracture or dislocation, whereas the bone-setter alleged that the fibula was dislocated, and, further, that he reduced the dislocation. Judgment was given for the defendant (Mr. Nicholson), on the grounds that, according to the testimony of the defendant, "after a somewhat lengthened treatment by the plaintiff his pain and inability to move his foot rather grew worse, but upon the bone-setter operating upon his foot he felt the bone set right and obtained almost instant relief, and was in a short time able to walk as usual." The judge added "could this possibly have happened if the ailment had been a sprain?" He came to the conclusion it could not, and expressed himself "driven to the conclusion that it was dislocation, and not simply a sprain." His honour, with great frankness, gave as his reason for accepting the evidence of the bone-setter in preference to that of Mr. Spurgin and his assistant, that "there have been hundreds of cases where certified professional men have failed to discover the nature and cause of ailments in which uncertified men, or what are denominated 'quacks,' have succeeded in effecting cures." We cannot but think that the argument on this point was unsound, for to make the conclusion valid it ought to have been shown that uncertified men are more often right in their diagnosis and treatment than are duly qualified practitioners. But, apart from this, we maintain it is impolitic to set a greater value upon the alleged experience of a bone-setter than upon the opinion of a properly educated and legally qualified medical man. Having decided that the ankle was dislocated, his honour continued, "I have abundant authority for saying that any surgeon with a moderate knowledge of anatomy ought and might have discovered it." It is a pity Mr. Spurgin did not call medical evidence as to the probable nature of the accident, but doubtless he never dreamed of the judge discarding his professional opinion in favour of that of an unqualified man. We have not the slightest hesitation in saying the judgment was not warranted by the published facts of the case, whatever it may have been by the facts before the court. It is beyond all question that there never was a dislocation of the ankle in this case. The evidence of the defendant Mr. Nicholson, as well as that of the bone-setter, conclusively prove this; for had there been a dislocation, it is quite clear the foot would have been crippled too much

to allow of the patient walking in so short time as a week after the reduction of the dislocation. This is one of those cases which Sir James Paget, in an admirable clinical lecture, speaks of as "cases which bone-setters cure." The improvement that followed the manipulation by the bone-setter was clearly due to the rupture of an adhesion consequent on the inflammation and forced rest of the foot incidental to the sprain. From the report of the trial, we cannot find one single fact to show that Mr. Spurgin did not recognise the true nature of the case and treat it with sound judgment and skill. Every surgeon knows that a sprained joint needs rest, and equally that it may be necessary, in order to complete the cure, to use some force at a later period with a view to freeing the joint from impediments which restrict its movements. We commend these remarks to the consideration of the judge who tried the case, for we feel fully convinced that, had he been instructed in the natural history of a severe sprain of the ankle and its appropriate treatment, he would have found abundant proof that there had been no dislocation of the joint. Should his honour ever have the misfortune to meet with a similar mishap as Mr. Nicholson, we ask him to believe (and to act on the belief) that a legally qualified surgeon is more competent to treat a *surgical* injury than a "bone-setter," even though the latter be gifted with hereditary talent unto the fourth generation.

FATAL RESULT OF PEROXIDE OF HYDROGEN INJECTIONS.

A NORWEGIAN surgeon, Dr. Laache, has reported a case in which a fatal result followed an injection of peroxide of hydrogen into the pleural cavity. The patient was a man twenty-eight years of age, who had had a portion of the ninth and tenth ribs resected for empyema. The operation had been successful and the wound progressed favourably, and two months after the operation there remained only a fistula about an inch and a half long. In order to hasten the healing of this, hypodermic injections of a 3 per cent. solution of peroxide of hydrogen were resorted to, as this method of treatment had given very satisfactory results in two somewhat similar cases in which it had been tried. Six injections, each containing 0·8 cubic centimetre of the solution, were administered without any particular effect. At the seventh, however, the patient complained of pain and faintness, the pulse failed, the respiration became oppressed, clonic contractions occurred in the right arm, the head turned to the left, the jaws became tightly set, the face became cyanotic, and the patient died in ten minutes. The necropsy, which was not made till forty-eight hours after death, revealed nothing very striking. The heart was dilated, and contained liquid blood without air bubbles; some ecchymoses were found in the parts of the left lung, which were adherent to the chest walls. In the fourth ventricle of the brain an ecchymosis the size of a pin's head was seen. A number of air bubbles were present in the blood of the hepatic veins, and some were seen on cutting into the spleen and kidneys. The cause of death was therefore by no means clear. Dr. Laache suggests that it may have been the small extravasation in the fourth ventricle or shock. Dr. Wulfsberg, who took part in the discussion on the case at the Christiania Medical Society, thought it was probably due to the introduction of the drug into the circulation. He thought that the strength of the blood current might have carried the peroxide, if introduced into a vein, through the right heart and lungs almost unchanged, but that afterwards more oxygen might have been disengaged than the blood could absorb, and bubbles were thus produced, which may have been the immediate cause of death. Where animals have been subjected to injections of air into the veins, bubbles are not always found in the blood. In these cases Dr. Wulfsberg thinks that death has been due to paralysis of the heart, for when examinations have been made immediately after death bubbles have been found in the coronary arteries. As so long a time had elapsed before the necropsy in Dr. Laache's case, these might have been absorbed.

THE TRAGEDY AT FINSBURY PARK.

ON the 20th ult., an inquest was held by Dr. Danford Thomas concerning the deaths of Henry George Underwood, aged fifty-seven, and Jane Underwood, his wife, aged fifty-four. From the evidence it appeared that on Sept. 16th the son of deceased, on returning home late in the evening found the body of his mother lying on the back in her bedroom in an almost naked condition. Expecting his father to come in shortly, he went to bed; but in the morning, finding that his father was not about, and the body of his mother in the position in which he left it overnight, he raised an alarm. On a search being made, Mr. Underwood was found dead in the watercloset, with his throat cut. A razor was grasped in his hand, and the door was fastened on the inside; so there could be no doubt that he had taken his own life. In his case a verdict of suicide during a fit of temporary insanity was returned. It was naturally suggested that he had first killed his wife and immediately afterwards cut his own throat, the supposed motive being an insane impulse caused by his depressed state of mind consequent on the long-continued drunken habits of his wife. The body of Mrs. Underwood was covered with bruises of different ages. Round the neck a silk handkerchief was found loosely tied. On the front of the neck were some marks which might have been produced by an attempt at strangulation; and on the neck, face, and ears were a number of recent abrasions. The lungs were congested, but not particularly engorged. The liver was cirrhotic, and the stomach contained "a quantity of port wine." The deceased was intoxicated in the morning of the day on which she was found dead; after that she was not seen alive. There being some doubt as to the interpretation to be put on the evidence concerning the marks of injury, the inquest was adjourned, and a second necropsy was ordered to be made by an expert pathologist. At the adjourned inquiry on the 27th ult. Mr. Pepper stated that in his opinion the marks on the neck, face, and ears were scratches made by deceased in attempting to free herself from the constricting force applied to the neck. There were three bands of congested skin on the front of the neck, tapering away at the sides, and over them the skin was slightly excoriated. On the right side of the neck and at the nape were two recent bruises. The trachea and windpipe were deeply congested. On the right of the umbilicus was a bruise the size of the palm of the hand, which at the first examination was observed to be purple, but which a few days later had become bright-red in the centre. The bruise was a recent one, and the change in colour was evidently due to the oxidation of the colouring matter of the blood, as this had become diffused in the substance of the skin. Two or three coils of intestine underlying this bruise were deeply congested, but they presented no signs of constriction, ulceration, or rupture, and it appeared certain that the same injury had bruised both the abdominal wall and the bowel. As to the exact sequence of events preceding death it was impossible to speak with certainty, but in all probability the woman was strangled whilst in a helpless state of intoxication, and possibly after she had received a blow in the abdomen, either by falling heavily on some solid body, or at the hands of another person. That no great violence was employed to effect strangulation was proved by the comparative slightness of the marks made by the constricting force, especially as the state of nutrition of the tissues was such as to favour the easy

development of bruises. The jury returned a verdict that deceased died from asphyxia caused by constriction of the neck whilst in a state of deep intoxication, but that there was not sufficient evidence to show by what means the strangulation was effected.

SCARLET FEVER AT NEWQUAY.

THE correspondence in *The Times* on scarlet fever at Newquay has been continued during the past week, and has sufficed to show that the prevalence of this malady was probably in the first instance due to milk infection, and was continued through the suppression of information by lodging-house keepers and others. *The Times* has certainly taught these persons a lesson that their own interests are not best served by such conduct, and if the same powerful voice still continues to give publicity to similar occurrences, lodging-house keepers will find that their own interests are absolutely dependent upon the measures they adopt for ensuring the welfare of those whom they receive, and will be forced to have more regard for the safety of those who visit summer resorts. A system of notification of infectious diseases faithfully carried out is the chief step which must be taken, but more good would come if those who provide lodging accommodation would voluntarily agree to a register being kept at the office of the sanitary authority, which could be consulted by visitors, and give all necessary information as to the sanitary condition of such houses, and as to their freedom from infection. Doubtless, concealment is due to the fear of losing profits which would otherwise be made during the season, and it is therefore necessary that there should be some provision for reducing this loss; this could best be done by the organisation of a system of insurance which would guarantee the payment to the letter of lodgings of some sum as compensation for loss incurred through the house remaining unoccupied on account of the occurrence of infectious disease within it. Such an organisation might also assist in checking the importation of infectious persons. "Medical Officer of Health," in a letter which forms part of the correspondence to which we have referred, writing on the scope and intention of the 90th section of the Public Health Act, 1875, says that this clause applies to houses of the artisans and labourers' class. It is true that this limitation exists as a matter of practice, but there appears to be no reason why these regulations should not be made to apply to houses of all classes which are thus let; the limitation hitherto observed has been due to the belief that they were not required for any but those occupied by artisans and labourers.

THE EASTERN GIPSY 'CRUX."

AN amusing illustration of the difficulties of self-government is afforded by the dead-lock to which matters have come in connexion with the Eastern—it is absurd to call them *Greek*—gipsies, who, having been landed in this country, can neither be got rid of, nor, as it would seem, reduced to the condition of a tolerable integer in the sum total of the population. An autocratic government would simply have shipped them to some other shore and landed them either by stealth or defiantly. Under our milder system of self-rule, we are struggling with the difficulty of solving the question what to do with these children of Esau. The serio-comic element of the situation comes out strongly in a charming succession of incidents. The local police stop them while travelling, and finally direct them to a place of encampment on certain land, the owner's permission being either asked by, or volunteered to, the chief constable. After a while the medical officer of health strives to enforce sanitary provision, and, failing in his laudable endeavours, reports the existence of a nuisance. Whereupon the owner of the property is to be indicted for a nuisance! Could anything be more absurd than this business throughout? It doubtless seems perfectly proper to the authorities concerned. Their sole concern is to get rid of the nuisance. It was even suggested that some benevolent person should provide a cart, and these gipsies could then "move on" on the Queen's highway, where no one would stop them. A vagrant band has no special interest for local sanitary authorities, provided only that it keeps moving. Thus it is that public health is reduced to the position of a football which may be kicked about at pleasure, and the only aim of the players is to keep it out of their bounds, where else it may go being a matter of perfect indifference. The aim of the medical officer to establish sanitary conditions in this case was frustrated at the outset by the mere objection of the owner of the property to allow the erection of even movable closets!

DRESS OF SOLDIERS ON FIELD SERVICE.

COLONEL TULLOCH, in a recent number of the *Illustrated Naval and Military Magazine*, has given a description of an extemporised dress which was adopted in the battalion of the Welsh Regiment under his command in South Africa, in anticipation of being sent on field service. The clothing of the men was the same as in England, and was ill suited for active service during the hot season in Natal; the colour of the scarlet kersey was also considered to be objectionable, and there was not time to obtain suitable light clothing from England or khakee from India. An additional stout grey flannel shirt was therefore issued to each man, to be worn as a blouse over his other shirt instead of the kersey. Shoulder straps of cord were put on to retain the belts in position. This dress had the advantage of being loose about the neck and throat, cooler than that which it replaced, and of a less conspicuous colour. It seems to be remarkably well suited for the purpose for which it was devised, and would doubtless have added materially to the comfort of the men in the field. Colonel Tulloch also suggests the removal of the metal ornaments from the helmets, or, still better, the substitution of a pith helmet for that now in use. These were worn by the "Royals" at Hong-Kong and on field service in China twenty-five years ago, and have the great merits of being light, cool, and inexpensive. Colonel Tulloch's experiment might prove practically suggestive to those in authority who are responsible for the clothing of the soldier.

SUFFOCATION; MUSSEL POISONING; HEART DISEASE; SYNCOPE?

THE evidence tendered before the coroner at Westgate, Rotherham, on Sept. 28th, concerning the death of a labourer named John Sykes, aged thirty-six years, was consistent with death having occurred from one or more of the causes mentioned at the heading of this note. Deceased had "rheumatic fever" three or four years ago, but whether it left any cardiac mischief was not known. On the day before his death he got drunk and vomited. He was put to bed in the evening, and at half-past four in the morning he was found dead. It seems not improbable that vomiting occurred whilst deceased was in a state of partial consciousness, and that he was suffocated by some of the vomited matter getting impacted in the air passages. Or the exhaustion consequent on persistent vomiting in a person of weak bodily powers may have terminated in a fatal fit of syncope. Or, again, there may have been cardiac valvular disease, and the strain on the heart incidental to vomiting may, together with this, have determined the issue. We do not attach much value to the fact that he had been eating mussels, for no one else seems

to have suffered any ill effects from this possible source. Lastly, death may have ensued from acute alcoholic poisoning. The coroner left it to the jury to say whether it was desirable to have a post-mortem examination made, but "the good men and true" were satisfied, and returned a verdict to the effect "that death took place from natural causes, probably from heart-disease"—a most unsatisfactory ending to the inquiry, as we think. If, as seems likely from the evidence, deceased was so intoxicated as to necessitate his being carried home, someone ought to be made answerable for having supplied him with a poisonous quantity of alcohol, or with having served him with more "drink" when he was already inebriated. It is true the matter was one for the jury to decide, but a little persuasion and guidance on the part of the coroner generally suffices to induce them to be led in the desired direction; and in this case, we think, the inquiry should have been adjourned for further medical evidence—viz., that which could only be obtained by a necropsy.

THE DIRECT REPRESENTATIVE FOR IRELAND.

DR. KIDD'S candidature has been pressed forward by a large meeting of the profession at the Shelbourne Hotel on the 29th ult. Resolutions were proposed by Drs. Gordon, Aquilla Smith, and R. McDonnell, the chair having been filled by Sir George Porter. The Executive Committee consists of Drs. Bennett, Corley, Gordon, Mapother, and Wm. Stoker. The only objection to Dr. Kidd is that he is not a general practitioner; that Dublin and its corporations are already amply represented. If the new seat is to go to a dignitary of one of the colleges, it might as well not have been granted. It rests with the practitioners of Ireland to show that they are capable of promoting successfully the election of one of their own number.

"FOUND DROWNED."

NOT long since the body of a young woman named Elsie Corfe, of highly respectable position and family, was found drowned in the river at Bath. There was no evidence to show how deceased got into the water, or how her death was occasioned. On the evening before her body was discovered in the early morning, she appeared in good health and spirits, and there was utter absence of known motive to commit suicide. The fatality has caused considerable excitement in the neighbourhood, where deceased was well known and respected. We cannot help thinking that it would have been a wise procedure on the part of the coroner's court if a post-mortem examination had been ordered. The cause of death would then have been elicited, whereas the case now stands—"a mystery"—just as the jury received and dismissed it.

DR. VON HOLST ON NITRO-GLYCERINE.

DR. L. V. HOLST reports in a St. Petersburg journal a number of observations on the action of nitro-glycerine on heart diseases. He considers that it is especially useful where little or no serious organic change in the heart muscle or valves has taken place, and where the affection is mainly due to a debilitated condition of the organ. In angina pectoris Dr. von Holst has found nitro-glycerine very useful; in one case, indeed, it produced a permanent cure. He recommends recourse to this drug instead of to camphor and musk in cases where great cardiac weakness threatens immediate danger to life. He considers that the diuretic action is not due to any direct stimulation of the kidneys, but is a consequence of the regulation of the heart's action. He finds that dropsy, if due to heart weakness, diminishes under the use of nitro-glycerine, but that the renal form is uninfluenced by it. With regard to the dose, the author advises that small quantities should be given at first, and increased gradually according to the effect on the particular case. The preparation he uses is a 1 per cent. alcoholic solution, and of this he gives from one to six drops three times a day.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

AT the annual general meeting of the Faculty on Monday last, Dr. James Morton, Professor of Materia Medica in Anderson's College, was elected president. Dr. Morton has fairly earned the compliment thus paid him, and the dignity and interests of the Faculty will be safe in his hands. A special meeting was held at the close of the annual meeting, for the purpose of disposing of the case of the "Erring Fellow," whose name is associated with a much-advertised liniment. The Fellow in question was suspended from the Fellowship for a period of six months, as, notwithstanding the facts that he had professed submission to the will of the Faculty, acknowledged his error and made an abject apology, and had also promised to withdraw from all connexion with the liniment by Sept. 1st, the preparation was still advertised and purchasable at the time of the meeting of the Faculty. The Faculty deserves credit for the manner in which it has dealt with this case, for, while it acted with energy, it gave every opportunity to the offender to withdraw from his unfortunate position, and proceeded to extreme measures only when it was seen that the dignity of the profession, as represented by the Faculty, could be maintained in no other way.

THE JUBILEE OF HARVARD UNIVERSITY.

ON the 7th of November next, the Harvard University of Cambridge, Massachusetts, will have completed its 250th year, and it is proposed to celebrate the event in a suitable manner from the 6th to the 8th of that month. The University was established by an Act of the Colonial Legislature, and a certain John Harvard so liberally endowed it that it was decided to give the new institution his name. The jubilee will have great interest to the members of the medical profession, for this University has taken a leading part in the education of medical men for the Eastern States of America; and it has particularly distinguished itself by its persistent efforts to raise the standard of medical education. Its medical degrees have been very highly valued, and all friends of higher medical education will rejoice to know that age has in no way impaired the usefulness or the vigour of the University. With one exception, Harvard is the oldest university in the New World. Nearly 100 years before, in 1551, the Emperor, Charles V., established the University of St. Mark's at Lima.

BLIGHT ON AUTUMN AND WINTER GREENS.

THE value of green vegetables as an article of diet was recognised a century and a half ago by Arbuthnot, physician to Queen Anne, who in a treatise "On the Nature and Choice of Aliment," which was published in 1732, writes that "of alimentary leaves, the *potherbs* afford an excellent nourishment; amongst these are the cale or cabbage kind." Few things add to the relish of the poor man's dinner more than an abundance of well-cooked cabbage. "Bacon and greens" are proverbially popular. The old and general idea that green vegetables act beneficially in counteracting a disposition to what are popularly known as scorbutic affections is confirmed by modern experience. Thus any lessening of the supply or deterioration in quality of winter vegetables of the cabbage tribe is a subject of regret both to poor and well-to-do persons. The present autumn has been very favourable to the development of the species of blight

or aphis which attacks the cabbage tribe in particular. These diminutive insects prey upon the plants and so stunt their growth that gardeners are much concerned about their autumn and winter vegetables. In spring the aphis commits great havoc among young cereal plants, but in autumn, which is a period of active propagation, it attacks chiefly garden vegetables. It is a curious fact in natural history that the aphis propagates after fecundation for eight or nine generations without intermediate fecundation. "L'influence d'une prémière fécondation s'étend ainsi sur plusieurs générations successives." So writes a French naturalist; and it is calculated that a single mother may be the means of producing five thousand million offspring in the course of a few generations of ephemeral existence. These numbers account for the havoc such diminutive creatures can cause.

THE RETIREMENT OF SIR HENRY ROSCOE.

THE Victoria University, formerly Owens College, Manchester, sustains a great misfortune in the resignation of Sir Henry Roscoe. For many years Sir Henry has been recognised all over the civilised world as one of the greatest scientific men of our age. His researches have added chapters to the history of chemistry, his writings have adorned it, and his teaching has equipped a host of brilliant and useful scientific workers and successful teachers. His uniform courtesy, and the ready help he has afforded to all who sought it, have procured him high esteem among men, and when he was elected to a seat in Parliament all lovers of science rejoiced. The great empire of science is but imperfectly represented in England, and all felt that in Roscoe it had gained a worthy supporter. It is no doubt the pressure of Parliamentary duties which has led to the loss with which the Victoria University is threatened. We say threatened, because we are inclined to hope that even at the last moment Sir Henry Roscoe may be induced to reconsider his determination. Of course his Parliamentary duties would diminish considerably the time he could devote to the work of personal teaching in Manchester, but he could still deliver the most important part of the course of lectures, and his great reputation and experience and his power of organisation would still be at the service of the young University. The details of teaching could easily be carried out by others, but no one can replace Roscoe as a head. Doubtless the University authorities see all this as plainly as we do, and will do their utmost to prevent their most distinguished ornament from leaving them.

RELATION OF MEDICAL MEN TO DENTAL QUACKERY.

WE have had a matter of professional etiquette referred to us lately. A medical man writes saying that he was called in upon two occasions to administer chloroform to patients by a man who practises dentistry, but who, he has since been informed, is not registered, and our correspondent wishes to know what course he should pursue in future. There can be only one possible answer. He should absolutely refuse to attend. To associate in any way with one who is liable to prosecution, should he ever call himself a dentist and yet practises, must bring discredit not only upon himself but upon the medical profession generally. We will go further and say that no medical man should allow his name to be connected in any way with dental quackery or advertisement. Dental specialists have for years worked hard, and with success, to raise their professional and social status, and they look to their parent—the medical profession—to help them by not encouraging irregular dental practitioners.

ROYAL UNIVERSITY OF IRELAND.

BY the death of the Rev. J. Kavanagh, who was accidentally killed last Monday, another vacancy on the Senate of the Royal University has arisen. The deceased met his death in a singular manner. While performing service in the chapel a statue on the canopy of the altar, weighing about 40 lb., fell, striking the unfortunate clergyman, and precipitating him with considerable violence to the ground. This caused a fracture of the skull, and an injury to one of the branches of the temporal artery, which caused death in less than an hour. It is probable that to the names already mentioned as candidates for a seat on the Senate may now be added that of Dr. Knight, who may be induced to come forward.

TREATMENT OF TUBERCULAR MENINGITIS.

THE *Revue de Thérapeutique*, after stating that tubercular meningitis kills 25,000 persons every year in France alone, and quoting a passage from Jaccoud, in which he speaks of the powerlessness of medical men to cope with this terrible disease, cites some recent observations of a Swedish physician, M. Warfwinge, on the marvellous effects of a 1 to 5 iodoform ointment rubbed into the previously shaved head in quantities of seventy-five grains, night and morning. During the interval, the head was covered with an oilskin cap, which was secured by a bandage. M. Warfwinge treated five cases in this way, with a successful result in every case. The first case was treated for seventeen days, the second for nineteen, the third for thirty, the fourth for thirty-two, and the fifth for nine days only. Ordinary remedies were given in addition for any complications which arose, but M. Warfwinge attributes the successful results to the iodoform alone.

A STEP IN THE RIGHT DIRECTION.

OUR correspondent in Rome writes:—"The Hygienico-sanitary Commission has sent in its report to the Minister of the Interior, and that functionary has accordingly issued a circular to all the Italian communes, requesting them to furnish him with scientifically ascertained particulars of their water-supply, which the aforesaid commission had animadverted on as being bad, suspected, or insufficient. This step, he says, is taken with a view to providing every commune throughout the peninsula with sound potable water, and to invoking, if necessary, the authority of Parliament *ad hoc*. Such announcements are reassuring as to the public health of Italy, especially if taken in connexion with her fast-waning belief in quarantine by sea as well as by land."

ARMY MEDICAL SCHOOL.

THE winter session of the Army Medical School was opened on Friday, the 1st inst., when the introductory address was delivered by Surgeon-General Sir T. Longmore, C.B., Professor of Military Surgery. There were sixty-six surgeons on probation present, forty-one being candidates for commissions in the British Medical Service and twenty-five in the Indian Medical Service.

LOCAL AUTHORITIES.

MR. T. HARNESS HARRISON appears to have read at the Congress of the Sanitary Institute a paper which condemns, in terms not of the mildest, the motives and actions of members of local authorities. While expressing the opinion that the Public Health Acts are fairly satisfactory measures, he says that the bodies who administer them consist largely of men whose object is to frustrate their operation—these members, together with those who are passive, making 95½ per cent. of the total number. We do not doubt that this

estimate may be true for certain authorities. There are some who have earned an unenviable notoriety for their opposition to sanitary measures and their treatment of officials whose duty it is to carry the law into effect; but the progress the country has made during the present century, the large sums of money spent in public sanitary works of water-supply and drainage, are themselves evidence that local authorities as a whole are not backward in their duty. More harm than good is done by neglecting to recognise the benefits many districts have received at the hands of local representatives; condemnation should be reserved for those who are alone to blame.

MORE CANDIDATES FOR DIRECT REPRESENTATION IN ENGLAND.

MR. JOHN PAGE HENTSCH writes us to say that the members of the Medical Alliance Association and others have invited Mr. R. H. S. Carpenter and Mr. George Brown to stand as candidates for the Direct Representation seats in the General Medical Council, on the ground of the services of these gentlemen in connexion with attempts to prosecute illegal practice. Both of them have accepted the invitation. Whoever be the candidates returned, it will be their duty to use the powers of the Council and of the Act to the utmost in discouraging and punishing illegal practice.

THE SANITARY ASSOCIATION OF SCOTLAND.

THE twelfth annual meeting of this Association was held last week at Paisley, under the presidency of Mr. William Mackison, C.E. Two excellent papers were read by sanitary inspectors. "The Higher Aspects of Sanitation" were discussed by Mr. George A. D. Mackay, who gave some interesting statistics of the proportion of the total number of families living in one room in eight Scotch towns; while Mr. George McKay contributed a paper on "Ancient and Modern Sanitation," and showed in a tabular form the percentage of improvement in the death-rates in different districts in Scotland, and concluded with a number of suggestions, having as their object the promotion of sanitary work. The published accounts of the meeting appear fully to justify the statement of the chairman, that never was there a time when so much was being done to remedy existing sanitary defects as at present.

DENTAL CARIES IN BAKERS.

PROF. DR. HESSE of Leipsic, in the *Deutsche Monatschrift*, points out the deplorable condition of the teeth of bakers, and says that he is often able to tell the profession of the patients by the condition of their teeth. The caries is soft and rapidly progressive. The principal parts attacked are the labial and buccal surfaces of the teeth, commencing at the cervix and rapidly extending to the grinding surface. The approximal surfaces do not seem to be attacked more than in other patients. He believes the disease to be due to the inhalation of flour-dust, the caries being caused by the action of an acid which is formed in the presence of fermentable carbohydrates.

CARE AND EDUCATION OF IDIOTS.

AT the congress of those in charge of idiots held last month in Frankfort, Dr. Wulff, director of the asylum at Langenhagen, spoke strongly of the great importance of good nourishment for the inmates of such institutions, the meals, which should if possible number five daily, requiring skilled supervision, and the idiots being attended to by intelligent and careful persons. Dr. Berkhan, of Brunswick, spoke on Cretinism, and demonstrated the points of resemblance of a cretin's skull to the skulls of microcephalic subjects and Aztecs. He dwelt upon the diminution in cretinism which had already been produced by better attention to the nourishment of children in their earlier months and improvements in their surroundings. Dr. Barthold, director of the M.-Gladbach Asylum, read a paper on the Education of Idiots, showing how the doctor and the schoolmaster must work hand in hand. Suggestions were also made for forming classes for children of weak intellect in large towns; and Dr. Sengelmann, of Alsterdorf, read a paper on the Training of Teachers and Attendants for Idiots It was decided that the next place of meeting should be Brunswick.

TUBERCULAR ULCERATION OF THE VULVA AND VAGINA.

THE current number of the *Viertel. für Dermatologie und Syph.* contains a paper on a rare case of extensive ulceration of the vulva and vagina, by Dr. H. Chiari. A lithographed plate shows the extent and shape of the ulceration in the parts as removed from the patient, aged thirty Most of the internal organs of the body were the seat of chronic tubercle—lungs, bronchial and mesenteric glands, intestines, left suprarenal body, cerebral meninges, liver, spleen, and kidneys. The manner in which the infection of the vulva was effected is discussed, and the suggestion made that the germs from the intestinal disease may have been accidentally inoculated on the site affected. It should be stated that the uterus and its appendages were free from disease, and that the patient was a nullipara.

THE CHOLERA IN EUROPE.

THE cholera is steadily diminishing in Italy, and intelligence as to fatal attacks is almost entirely limited to the south of the kingdom. The disease still clings to the Bay of Naples, although it is much less severe than formerly. In the Austro-Hungarian Empire some fresh places have been attacked, and the malady is still fatally prevalent at Trieste and Pesth. In Pesth the fatality is now reduced to about four a day; and Szegedin, where twenty-eight cases and eleven deaths occurred in the forty-eight hours ending the 5th inst., is the only place where the disease shows any important increase. There are serious accounts of the ravages committed by cholera in Seoul, Corea.

MANSION HOUSE CHARITIES.

THE Hospital Sunday Fund has now reached a total of £40,000, and there are still fifty-four collections from churches and chapels to come in. Adding this to £78,0000 subscribed for the unemployed poor of London, nearly £120,000 has been raised for strictly metropolitan purposes, not to mention £6500 raised for the relief of the sufferers of the appalling earthquakes of Charleston and Greece. The Mansion House authorities must be congratulated on such results, especially when the badness of the times is considered.

FOREIGN PROFESSORIAL APPOINTMENTS.

THE following *agrégés* have been appointed for eight years to lecture on their respective subjects in the different Faculties of Medicine in France:—*Paris:* MM. Quenu and Poirier, Anatomy and Physiology. *Bordeaux:* M. Ferré, Anatomy and Physiology; M. Nabias, Natural History. *Lille:* M. Assaky, Anatomy and Physiology; M. Barrois, Natural History. *Lyons:* MM. Rodet and Jaboulay, Anatomy and Physiology. *Montpellier:* MM. Gilis and Tapis, Anatomy and Physiology. *Nancy:* MM. René and Nicolas, Anatomy and Physiology.

Buda-Pesth.—Drs. Israi and Bakó have qualified as privat-

docents for Laryngology and Diseases of Urinary Organs respectively.

Prague (Bohemian Faculty).—Dr. Joseph Thomaier has been appointed Extraordinary Professor of Special Pathology and Therapeutics.

St. Petersburg.—Dr. A. Pöhl has been granted the title of Honorary Professor of Medical Chemistry in the Princess Helena Paulovna Clinical Institute.

Würzburg.—The names of Professors Schörnborn, Trendelenburg, and Miculicz are those selected for the vacant Professorship of Surgery.

AT a recent meeting of the Glasgow Town Council an account was given of an outbreak of scarlet fever which is likely to promote the adoption of measures for the notification of cases of infectious disease. Scarlet fever has, it appears, attacked a number of persons receiving milk from a particular dairy, forty-four cases occurring among the milk consumers. A child suffering from this disease was found at the dairy, but the parents refused to permit its removal to hospital because their own medical man had declined to certify to it. For the protection of the public the dairy was closed, the premises fumigated, and the milk found upon them destroyed.

IT will be seen from our advertisement columns that the inaugural dinner of the Glasgow University Club, London, will take place at the Holborn Restaurant on October 22nd, at 7 P.M. The hon. secretaries are Dr. Heron, 57, Harley-street, W., and Mr. McIlraith, 3, Furnival's-inn, E.C., of whom tickets may be had.

AT the Westminster Hospital, Mr. Arthur Marmaduke Sheild, M.B., F.R.C.S., has been appointed assistant-surgeon, in place of Mr. Boyce Barrow, who has resigned; and Mr. James Black, F.R.C.S., has been appointed aural surgeon.

THE MEDICAL ACT, 1886: FOREIGN AND COLONIAL PRACTITIONERS.

BY A BARRISTER-AT-LAW.

THE Medical Act of the present year restricts the right of practising in the colonies which our registered practitioners have hitherto possessed; and it prescribes terms upon which both colonial and foreign practitioners may be admitted to registration in the United Kingdom.

Under the Medical Act of 1858 (Section 31) a registered practitioner had the right to practise, according to his qualification, and to recover his fees in any part of Her Majesty's dominions. A subsequent Act (the Medical Act of 1868, Section 3) enabled every colonial legislature to require such practitioner to register, as a condition of practising, within its jurisdiction; but it left him entitled to registration upon payment of the proper fee, and therefore (though in the requirement of a fee there may have lurked some possibility of obstruction) it left his right to practise unimpaired. In future, however (from June, 1887), though all existing rights of individuals are reserved, the right of our registered practitioners to practise in the British possessions is made "subject to any local law" (the Medical Act, 1886, Sections 6 and 25); it will exist wherever, in the British empire, and so long as, there is no local law regarding it; but every local legislature may impose conditions upon it, and may even, if so disposed, exclude it altogether.

In this, no doubt, a concession—a large one, too—has been made to colonial practitioners at the expense of practitioners registered in the United Kingdom. To deter them from pressing for an illiberal use of it, there are the conditions upon which they in their turn, and foreign practitioners also, are by the recent Act enabled to claim registration in the United Kingdom. Broadly speaking, this Act provides for a sort of reciprocity, as regards the right to practise and recover fees, between the United Kingdom on the one hand, and foreign countries and British possessions on the other.

The decision to admit any colony or foreign country to the benefit of the Act will be made by the Queen in Council, but this will be preceded, no doubt, by communications or negotiations, and probably by some more or less formal compact, between the colony or foreign country and our Colonial or Foreign Office. And any British possession or foreign country may, by order in Council, be declared to be a British possession or foreign country to which the Act will apply (from a day named in the order), if it affords to the registered medical practitioners of the United Kingdom "such privileges of practising as to Her Majesty seem just." (Section 17.) Till this is done for a colony or foreign country no right will accrue to any practitioner holding its qualifications. And this done, it will fall to the Medical Council to decide what degrees or diplomas, or combinations of degrees or diplomas, granted by the colony or foreign country can be recognised as furnishing a sufficient guarantee for the knowledge and skill required in the efficient practice of medicine, surgery, and midwifery. It should be said, however, that where, in working the Act, qualifications which have not been thus recognised are tendered to the Medical Council and rejected by it, the claimant of registration may appeal to the Privy Council, and that the Privy Council may order his qualifications to be recognised. (Sec. 13—1, 2.)

The provision that may so be made in favour of any colony or foreign country may be revoked by subsequent order in Council, and may thereafter be renewed. Rights acquired under an order will not be prejudiced by its revocation; but on its revocation the country affected will fall out of the list of countries to which the Act applies, so that no further claim to registration can be received from persons holding its diplomas or degrees.

The Act provides (Section 14) that the Medical Register shall in future contain a list of colonial practitioners and a list of foreign practitioners, and it allows those who are so entitled to be registered in both lists. For the phrase "colonial practitioner" does not in the Act mean a practitioner of colonial birth, but a person, wherever born, who holds colonial diplomas, granted in a colony to which the Act has been made applicable, and recognised by the General Council; who is by law entitled to practise medicine, surgery, and midwifery in the country which gave him his qualification; and who, moreover, fulfils certain other conditions. And, similarly, the phrase "foreign practitioner" extends to all persons, wherever born, who hold recognised foreign diplomas, granted in a country to which the Act applies, who are by law entitled to practise as aforesaid in the country which granted them, and who fulfil certain prescribed conditions. An applicant for registration in either list must prove his qualification and right to practise as above mentioned, and also that he is of good character, to the satisfaction of the Registrar of the General Council. Thereafter, the "colonial" applicant must prove, to the satisfaction of the same functionary, that he obtained his qualification either (1) at a time when he was not *domiciled* in the United Kingdom, or (2) in course of a continuous absence from the United Kingdom lasting for not less than five years (these are the continuing and more important provisions); or (a transitory provision) that when the Act became applicable to the country from which his qualification is derived he was practising medicine and surgery (or a branch of either) in the United Kingdom, and that he had been so practising, in the United Kingdom or elsewhere, continuously for ten years preceding at least (Section 11). The "foreign" applicant, if he is a British subject, whether a native of the United Kingdom or a colonist, is under precisely the same conditions. If he is not a British subject, proof of that fact suffices for him (Section 12). Registration in either list, where a claim to it has been established, will be granted, without examination, on payment of a fee, not exceeding £5, to be fixed by the General Council. That there may be an appeal to the Privy Council as regards the qualification tendered has already been mentioned. There may be an appeal, also, when registration is refused on any other ground (on a question of character, for example, or on a question of domicile), and the Privy Council may overrule the decision of the Registrar.

Of the transitory provision for the case of persons practising in the United Kingdom when an order in Council comes into force, and having qualifications recognisable under the order, all that need here be said is that while, on

the one hand, there will be no inquiry as to the circumstances in which they obtained their qualifications, they must, on the other hand, have been at the date referred to in practice continuously for not less than ten years. The meaning of the proviso is plain enough, and it is with that only that this article is concerned. As to the continuing provisions, a foreigner of good character claiming on a sufficient foreign qualification will always have an easy task, having merely to prove that he is not a British subject. In other cases the question of domicile may now and then raise a difficulty. The word "domiciled" is of course used in the Act in its technical meaning; and (though that is not to be explained briefly) it seems necessary to say that, in the legal sense, one may be domiciled in England though not a resident in it, or a resident in England without being domiciled in it. A man's domicile is, to begin, in the country of his origin, and mere absence from that country, however prolonged, will leave his domicile still there; for a change of domicile, he must be absent without thought of returning, and resolved to spend his life in some other country in which he is settled. It is needless, however, to forecast the questions of domicile that may arise. Here it is enough to say that, in general, a person born and bred in the United Kingdom will, as being domiciled in the United Kingdom, be unable to claim registration on either a colonial or a foreign qualification, unless he got it in course of a continuous absence from the United Kingdom of not less than five years; and that, in general, both a foreigner and a colonist (as to whose domicile there will usually be no room for doubt) will have no difficulty in claiming on either.

Provision is made (Section 15) for the entry in the Register of the qualifications possessed by persons registered as colonial or foreign practitioners. Provision is made also (Section 16—another transitory provision) for the registration of foreign degrees in medicine possessed by practitioners registered on British or Irish qualifications which have been obtained after proper examination, and prior to the passing of the Act.

As to previous proposals or suggestions on the subject of the Act, the clause relating to foreign and colonial practitioners contained in Lord Ripon's Bill of 1870 differed widely from the provisions now enacted, since it would have confined registration to persons over forty years of age, and who had been not less than ten years in practice. The General Council had previously (July, 1869) expressed itself in favour of provision being made to enable it, by special orders, to dispense with such conditions of the Medical Acts and such of the regulations made under them as it should think fit, where foreign or colonial practitioners applied for registration. A resolution altogether unfavourable to the registration of foreign degrees—proceeding upon a communication from graduates holding such degrees, themselves apparently already upon the Register—was subsequently, in 1876, arrived at by the General Council. A close approach, however, to what has now been enacted was made by the President of the General Council in 1879 in a communication written for the Select Committee of that year. There was at that time in France an agitation for the exclusion of foreign practitioners from the privilege of practising in France. The President thought that, if a joint committee of foreign and English representatives could be got to consider the matter, "it might be possible to bring about reciprocal action which would be just and beneficial to all parties"; and which "would tend to secure a wise and uniform standard of medical education, whether practical or scientific, in all civilised communities."

*** The above article was unavoidably omitted from our last issue.

OUTBREAK OF ANTHRAX IN CATTLE, AND FIVE MEN INFECTED.

By JAMES A. FRASER, L.R.C.P. Lond., M.R.C.S.

THINKING that a history of the following outbreak of anthrax might prove of interest to many readers of THE LANCET, I send a short sketch of it.

On June 6th a cow was taken suddenly ill, the cause of the illness being attributed to the excessive heat; it was slaughtered, and the meat, not being condemned, was disposed of. No further case occurred until July 1st, when a second cow was taken ill suddenly and died. Splenic fever was diagnosed, and found correct on post-mortem examination. On the 6th two beasts, a cow and pony, were affected and died, splenic fever in both being found to be the cause of death. On the 11th a sow was taken ill, and on inspection was found to be enormously swollen. This sow was fed on the offal of the cow that died on July 6th. On the 12th a fourth cow died of splenic fever. The entrails of this last cow were buried in a dung-heap situated at the top of an incline in the pasture. All the above beasts were pastured in the one field, which had never had a case of splenic fever in it before June 6th, a stagnant pond being supposed to be the source of infection.

On July 24th I was informed that Henry P——, by occupation an odd job man about the market, and who was in the habit of wheeling offal from the slaughterers, had been admitted into the union infirmary, the time of admission being 4.30 P.M. He was seen by my assistant, Dr. James Lawson, the note on his admission card being "mitral disease and pneumonia." His condition was as follows:—Cyanosis of face, ears, hands, and arms up to elbows, and of feet and legs up to knees; breathing very laboured, 40 per minute; dulness over base of left chest at back, and slightly over base of right lung; loud râles, especially in left chest; heart sounds rapid and faint, and covered by the chest râles; radial pulse not to be felt; perspiration standing in beads on the face. The patient spoke once, and said that he was infected while helping to dress a cow. The date of such dressing could not be ascertained, as he became comatose, and died at 8.30 P.M.

A post-mortem examination was made forty hours after death, the following being a copy of the report:—Skin of face jaundiced; lips livid; cyanosis marked; hypostatic congestion of skin of body; an ulcer at junction of upper and middle thirds of right tibia; no other skin lesion found. The pericardium contained an ounce and a half of blood-stained serum. Pleura on right side non-adherent; on left side, new and old adhesions present, very firmly bound down at the base, the lung tearing on attempting to remove it. Right lung congested; left lung congested and rotten at the base; no sign of abscess anywhere; lung floating. Heart: Right side contained clot; both valves normal. Left side, wall hypertrophied; full of coagulated blood, which was soft, not firm; the lining membrane much stained. Aortic valves would not admit the finger; patches of atheroma were present on the aorta; patches of granulation on ventricular surface of the valves. Mitral valve puckered and incompetent, and granulations on the ventricular surface; admitted two fingers. The liver weighed 3 lb. 5 oz.; it was healthy, but congested. The spleen was not enlarged, but was congested and broke down easily. Kidneys: Weight, 11¾ oz.; congested and tough. Intestines very congested in patches, corresponding to the long axis of intestine; the congestion of the intestines was most marked towards the ileo-cæcal valve; the glands of Peyer showed nothing abnormal; solitary glands enlarged; mesentery much congested. Brain: Vessels full; on section the vessels stood out full of clot; ventricles empty. The pleural, pericardial, peritoneal, and meningeal spaces contained blood-stained serum. On examining the blood, dried on cover glasses, stained with gentian violet, and mounted in balsam, great numbers of anthrax bacilli, some very long, were found in every field. On examining scrapings of the spleen prepared in the same way, more numerous but shorter anthrax bacilli were present.

On making inquiry, Mr. Mackenzie, under whose care the above patient was before admission into the union, has furnished me with the following list of cases which have been under his care:—

1. G——. Summoned to attend fifteen hours after infection; found patient with pneumonia and hæmoptysis; two malignant pustules on right forearm. Died four hours after seeing him.

2. S——. Large malignant pustule on right cheek; great swelling; free application of absolute phenol; large slough; no secondary mischief. Recovery in three weeks and a few days.

3. K——. Malignant pustule on left brow, treated with absolute phenol. Recovery in a fortnight.

4. M——. Questionable pustule on hand; seen early; arm œdematous and inflamed. Used absolute phenol. Recovery in ten days.

It will thus be seen that Mr. Mackenzie had five cases under his care, three of which were recovering.

The fact of anthrax not coming under the Contagious

Diseases of Cattle Act prevents the local inspector from proclaiming the pasture on which the outbreak occurred as an infected area, so that other beasts may be turned down on it and so become infected. If the meat is not condemned it may become a source of infection to human beings. The slaughterers, not being aware of the danger attending the skinning and cleaning of such infected cattle, are very careless, and run great risks—e.g., eating pieces of the suet, holding the skinning knives in their teeth, &c.; and, last but not least, the offal not being burned, but buried, proved to be a fresh source of infection, as may be seen by what follows.

On July 26th, the veterinary surgeon (Mr. Gray) was called up early in the morning to see a horse which had been taken ill and died, the symptoms being great thirst, purging, and staggering. On post-mortem examination splenic fever was found to have been the cause of death. Four hours afterwards he was called to the same field to a pony with the same symptoms; this also died; cause of death splenic fever. These two beasts had been feeding round the manure heap, in which the offal from the cow which died on July 12th had been buried. I was given specimens of the blood of the horse and pony, the buffy coat having already formed. On drying on covered glasses, staining with methylene blue, and mounting in balsam, very numerous and well-marked anthrax bacilli were found. I have shown the above specimens of human blood and spleen scrapings, and of the blood of the horse and pony, to Mr. Davies-Colley and Mr. Jacobson of Guy's Hospital, and both declare them to be doubtless specimens of anthrax bacilli.

THE AFGHAN BOUNDARY COMMISSION.

THE Medical Report of the hospital service connected with the escort which accompanied the Afghan Boundary Commission in 1884–85, by Surgeon-Major Charles, of the Indian Medical Service, contains some very interesting information regarding the countries through which it marched, and the health of the men under the arduous work they had to perform. The escort, consisting of 7 officers, 455 fighting men and 286 followers, a half field hospital with 1 medical officer, 3 subordinates, 10 medical establishments, and 56 followers, left Sirimungli, near Quetta, on Sept. 22nd, 1884, and reached their winter quarters at Bala Murghab on Dec. 13th. Here they remained in a standing camp till Feb. 15th, when they marched to Gulran in very severe weather, arriving at their destination on Feb. 23rd. On April 3rd and 4th they moved in two parties across the Ao Safed Pass to Tirpul, near Khusan. The second party encountered a sudden storm of great violence in the Pass, and lost by it twenty-four men, with many mules, camels, and some horses. "The men of this division continued to arrive at Tirpul in driblets for some days. During this time and for long after, the half field hospital had a sufficiency of work, and with most excellent results to the storm-tossed sick." After the recall of Sir P. Lumsden in May, the escort, divided into two parties, was stationed in or near the Herat Valley, occupying various camps till the end of September, when the strength was reduced, and a return party formed of 254 fighting men and about 220 followers. These started from Mamisak on Dec. 1st, and reached Sirimungli on Jan. 22nd, 1886, having been one year and four months employed on this service. The total distance marched during the expedition was 2316 miles. The rate of marching on the upward journey to Bala Murghab averaged, exclusive of halts, eighteen miles a day, and on the return from Mamisak, fifteen and a half miles. On the way up, the marching was done at night; on the way down, by day; and the health of the men was decidedly better during the latter, but this may have been due, in a considerable degree, to better arrangements, better water, and the men being more inured to marching. On this service the men were exposed to great vicissitudes of temperature, the thermometer in 1885 having ranged between zero in January and 104° in July. "The extremes of temperature are at times very great, as many as 70° or 80° F. between day and night temperatures." During the winter at Bala Murghab the men were lodged in Kibitkas, and every care was taken to protect them from the damp. Dr. Charles says that "in the coldest weather an equable temperature can be maintained in them. ..... Looking back at the time spent in Kibitkas, properly prepared as I have noted, I have no hesitation in saying that they served their ends in a way that could not be surpassed, and I attribute to them, in a measure, the small mortality among the sick treated in hospital. Kibitkas can be made cool in hot weather, and warm in cold weather; and the ventilation at all times, with care, can be rendered excellent." The information given respecting the health of the men is unsatisfactory—probably unavoidably so, owing to the frequent moves and to the party being so often broken up; but there is no statement of the mortality except that already noted as arising from the storm in the Ao Safed Pass, and the admissions into hospital are only recorded for broken periods, while the principle on which the return of out-patients has been made up is not stated. We can, therefore, only draw some general conclusions as to the diseases from which the troops suffered. On the march up there seems to have been a considerable prevalence of dysentery among both the fighting men and the followers, but this apparently ceased after reaching Bala Murghab. Surgical injuries and diseases, and fevers, were the chief causes of admission into hospital after that date. In the first two months of 1885 cases of bronchial catarrh were very frequent among the out-patients of both classes, and next to these boils and ulcers, and dyspepsia. In June, July, and August a considerable number of cases of conjunctivitis occurred, attributed chiefly to the dust and sand. It is worthy of remark that, notwithstanding the very low temperature of the winter, there were scarcely any cases of frost-bite till after the march across the Ao Safed Pass. This immunity was probably due to the housing of the men in the kibitkas and to providing them with a liberal supply of warm clothing.

Among the diseases most prevalent in the civil population of the country, Dr. Charles specially notes paroxysmal and typhoid fevers, rheumatism, dyspepsia, bronchial catarrh, syphilis, scurvy, and worms. Cholera is said to have been very rife in the Herat Valley in the past, but it did not appear among the men of the escort or the followers. No cases of sunstroke occurred among the men, and although many of them were bitten by camp and pariah dogs, none of them suffered from rabies. Some interesting notes are given of cases, and of the remedies found most efficient in their treatment. We would merely notice the internal use of hot water in ague and remittent fever, instead of the usual diaphoretics. Dr. Charles says that he never found it fail to give relief. "Pain would vanish, giving place to a feeling of ease; thirst would be no longer felt; the burning skin would be suffused in a gentle sweat; the aching head, with heavy eyelids, would sink to rest in a calm and placid slumber." The water must be hot, not tepid—"so hot that it can just be swallowed without scalding, and no more,"—and is to be followed by quinine.

There are, we think, some valuable practical lessons to be derived from the experience gained on this expedition. We would note the importance, from a health point of view, of marching the troops by day instead of night, but this, of course, would not be applicable to the hot summer months; the advantage of housing the men in winter in a manner adequate to protect them from the excessive cold, and of providing them with sufficient warm clothing; the propriety of avoiding the occupation of old buildings, such as the robats and forts, as quarters for the men, which at one time it was proposed to do, but which was abandoned on the recommendation of the medical officer. Dr. Charles, in some notes on the transport of the sick, has pointed out the disadvantages of the Moseley Khajawa, as supplied to the expedition, and recommends the Herat Khajawa, as being much better suited, especially for winter use, in such a climate. He has also called attention to the necessity of an inspection, by a medical officer, of the followers who are to accompany the troops on service, as men unfit for field service or the inclemency of a severe climate are often taken, and prove a serious encumbrance to the force. He also strongly advises the erection of urinals for standing camps. "No urinals were used in the standing camps (in spite of remonstrances), so that in a short time the top soil became saturated with urine and a breeding-place for flies and noxious effluvia, &c."

AT the Newcastle-under-Lyme Police-court on the 5th inst., a Macclesfield dealer was fined £10 for exposing for sale a quantity of beef which was unfit for human food.

CALENDAR OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE Annual Calendar has just been published by the Council of the College. From it we ascertain the following facts:—

It appears that there are 1124 Fellows on the roll of the College, of whom 639 obtained the Fellowship by examination, 7 were elected as Members of twenty years' standing under Section 5 of Charter 15 Vict., and 2 are *ad eundem* Fellows. There are 17,040 Members, and 957 Licentiates in Midwifery (the examination for this licence having been suspended for the last eleven years). The Licentiates in Dental Surgery number 590.

The examiners in Elementary Anatomy and Physiology, appointed in conjunction with the Royal College of Physicians, under the scheme for an Examining Board in England, are elected annually. There have been four examinations during the past year, 716 candidates presenting themselves, of whom 474 passed in both subjects, 77 in Elementary Anatomy, and 96 in Elementary Physiology; 55 candidates were referred in both subjects; 63 were referred in Elementary Anatomy, and 63 in Elementary Physiology. The fees received from candidates for this examination amount to £3581 16*s.* 3*d.*, the Examiners receiving in fees £506 15*s.*

The examiners in Anatomy and Physiology appointed in conjunction with the Royal College of Physicians, under the scheme for an Examining Board in England are elected annually. They have conducted the Primary Examinations for the diploma of Member under the old regulations, as well as the Second Examination of the Examining Board, and have held during the year four examinations, at which 1079 candidates presented themselves, of whom 262 passed in both subjects, 173 in Anatomy, and 246 in Physiology; 97 were referred in both subjects, 240 in Anatomy, and 214 in Physiology. The fees received from the candidates for this examination amount to £4363 16*s.*; the examiners receiving £2259.

The Board of Examiners in Anatomy and Physiology for the diploma of Fellow consists of nine members annually elected by the Council from the Fellows of the College, and has held during the past collegiate year two examinations, 117 candidates presenting themselves, of whom 62 passed and 55 were referred. The fees received from this examination amount to £829 10*s.*; the Board receiving in fees £526 10*s.*

The Court of Examiners consists of ten members, elected by the Council from the Fellows of the College, all of whom, however, are members of the Council, except Dr. Humphry, Mr. John Langton, and Mr. T. Pickering Pick. During the year the Court has held two examinations for the Fellowship and four for the Membership. At the former there were 51 candidates, 28 of whom passed, 19 being referred for one year and 4 for six months. For the Membership there were 1048 candidates, 319 of whom obtained their diplomas, and 270 passed in Surgery only; 103 were referred for three months, 320 for six months, 14 for nine months, and 22 for one year. The fees paid by candidates amounted to £12,737 16*s.*; the fees paid to the Court of Examiners amounting to £6027 7*s.*

The Board of Examiners in Dental Surgery has held two meetings for the examination of twenty-eight candidates, twenty-one of whom obtained their diplomas. The fees paid by them amounted to £220 10*s.*, of which the Board received £88 4*s.*

The income of the College from all sources during the past year amounted to £40,742 11*s.* 5*d.*, derived principally, as already shown, from fees paid by candidates for the diplomas of the College—viz., £21,753 8*s.* 3*d.* Rents from chambers adjoining the College produce £1520 0*s.* 6*d.*; dividends on stock, £1154 19*s.* 2*d.*; from members of the Council and Court of Examiners on their election, £76 6*s.*; from sale of stock, £12,500 7*s.* 1*d.*; from trust funds and sale of Calendar and Synopsis, £273 6*s.* The expenditure for the year amounted to £40,137 5*s.* 7*d.*, the largest item being £12,816 7*s.* 7*d.* for purchase of house, No. 44, Lincoln's-inn-fields. The next largest amount appears in fees paid to examiners—viz., £9446 6*s.* Salaries, wages, and pensions for officers and servants of the College in the three departments—library, museum, and office—amount to £4645 14*s.* 6*d.* Taxes, rates, diploma stamps, and insurance absorbed the sum of £1670 1*s.* 9*d.* Half expenses for new Examination Hall, £5978 5*s.* 5*d.* Under miscellaneous items, extraordinary expenses, alterations and repairs, the sum of about £4000 appears to have been expended.

THE PHARMACEUTICAL SOCIETY.

THE introductory address at the commencement of the forty-fifth session of the School of Pharmacy was delivered on the 6th inst., by Sir Henry W. Acland, Regius Professor of Medicine in the University of Oxford, and President of the General Medical Council. After alluding briefly to the future of Science, he spoke of some of the medical agents contained in the Pharmacopœia of 1651—silkworms, toads, swallows, ants, &c.; and remarked that it was surprising how so monstrous a list could have been authoritatively issued after Linacre had lived and taught in that great college which he founded, and which was destined to shed lustre on the history and character of medicine. Sir Henry next spoke of the step about to be taken by the Pharmaceutical Society—viz., the establishment of a laboratory for special research into the exact chemical constitution of drugs and alleged remedies, with a view to the precise fixing of the constitution of alkaloids of acknowledged or hypothetical value, and to the discovering, and generally the guaranteeing to the experimental therapeutist and the physiological inquirer, absolutely pure bodies of known chemical constitution, whether existing in commerce or not. Sir Henry then reviewed the progress of the Pharmacopœia, and advocated the publication of a small volume which would lay down, by international consent, the mode of obtaining with certainty the best remedies made in the best manner, with rules of how to preserve them in all climates, and how readily to distinguish them. He regretted that no steps had been taken to obtain representatives from India, from the Dominion of Canada, and from Australasia to co-operate with England in researches connected with the Pharmacopœia, this being especially desirable owing to the admission after the present year of colonial and foreign practitioners to the Medical Register. The conclusion of the address was devoted to an exhortation to diligence, cleanliness, order, and exactitude on the part of the students in their studies, and in their future career as dispensers.

HOSPITAL REUNIONS.

MIDDLESEX HOSPITAL MEDICAL SCHOOL.

AT the distribution of prizes to the successful students of the Middlesex Hospital, which took place on Monday last, after Dr. Biss's introductory lecture the chair was taken by Dr. Headlam Greenhow, F.R.S., who was formerly so long attached to the hospital. The Dean, Mr. Pearce Gould, in his report, stated that plans for an extension of the school buildings had been prepared, and that the erection of these buildings and those of the proposed residential college would shortly commence. Dr. Greenhow addressed a few words to the students, and a cordial vote of thanks to him was passed with acclamation. The customary annual dinner took place at the Holborn Restaurant in the evening. The chair was taken by Mr. Andrew Clark, F.R.C.S., who has held the office of Dean for ten years. The gathering was an unusually large one, and the post-prandial speaking was lightened by most excellent singing and music by Mr. Ganz, Dr. Pringle, Mr. Critchett, Mr. Hepburn, and Mr. Fulkerson, the proceedings terminating at a late hour with the whole company joining in "Auld Lang Syne." The toasts included "The Middlesex Hospital Medical School," given by the chairman and responded to by Mr. Hulke, F.R.S.; "The Middlesex Hospital," proposed by Dr. C. West and acknowledged by Major Ross, M.P., chairman of the Weekly Board; "The Past and Present Students," given by Mr. T. W. Nunn, and replied to by Sir Oscar Clayton on behalf of the past students, and Mr. W. G. Nash on behalf of the present students; the health of the "Orator of the Day" was proposed by Dr. Edis and acknowledged by Dr. Biss; that of "The Chairman" was given by Mr. Morris; and the toast of "The Visitors," which was

given from the chair, was responded to by Mr. Burdett, who, in concluding, proposed the health of the new Dean, Mr. Pearce Gould. The gathering was acknowledged by all to have been a great success, and it was marked by much cordiality and heartiness.

UNIVERSITY COLLEGE.

THE annual dinner of the old and present students of the Faculty of Medicine took place at the Freemasons' Tavern on Oct. 4th, under the presidency of Sir William Roberts, Professor of Medicine in the Victoria University, Fellow of University College. The chairman was supported on his right by Dr. George Buchanan, and on his left by Professor Michael Foster. Among those present were—Professor Russell Reynolds, Professor Burdon Sanderson, Dr. Henry Maudsley, Dr. William Wood, Dr. Morris (Spalding), Mr. Waggett, Mr. Bluett (Chesterfield), Mr. Humphreys (Shrewsbury), Mr. Kiallmark, Dr. Allen (Hastings), Dr. Snow (Bournemouth), Dr. Price (Cardiff), Mr. William Gill, Mr. Bernard Roth, Mr. Embleton (Bournemouth), Dr. C. Beevor, Mr. Hodson (Brighton), Mr. Peter Cooper (Blackheath), Mr. Buckston Browne, Dr. Percy Gabb (Guildford), Dr. Amand Routh, Mr. W. Rigden, Mr. J. Prince Bartlett, Dr. Magrath (East Grinstead), Mr. Foster Macgeab, Mr. Harvey (Bromley), Mr. Twynam (Sydney, N.S.W.), Dr. Easmon (Gold Coast), Dr. Pasteur, Mr. Campbell Williams, Mr. Drew (Oxford), Dr. Lewers (London Hospital), Mr. Williams-Freeman (Portsmouth), Mr. Stewart Norman (Havant), Mr. Swift, Mr. Peter Giles (Hereford), Mr. W. A. Meredith, Dr. Cock, Mr. Bowreman Jessett, Mr. H. A. Powell (Beckenham), Mr. Copley (Wisbech), Mr. Fraser Stokes, Mr. Frankish, Dr. Penrose, and others. The present members of the hospital staff and the professors of the Medical Faculty of the College were all present, with very few exceptions; and these, with a large contingent of students, made up a company of about 100. There was some excellent speaking from the chair, and from Dr. Buchanan, Dr. Michael Foster, Dr. Burdon Sanderson, Dr. Wilson Fox, and Dr. Grailly Hewitt; and the proceedings were enlivened by some first-rate singing by Dr. F. T. Roberts, Dr. Beevor, Mr. Campbell Williams, and Mr. Copley. This very pleasant reunion of old friends was brought to a close at about 11 o'clock.

WESTMINSTER HOSPITAL MEDICAL SCHOOL.

After the delivery of the introductory address on the 4th inst., the Dean read his annual report for the year, and drew attention to the fact that all the first-year's students who came under the new regulations had passed the examination recently instituted by the conjoint Board of the Royal Colleges of Physicians and Surgeons in Anatomy and Physiology at the end of the first winter session. The prizes gained during the past year were given away by the Venerable Archdeacon Farrar, who afterwards addressed some eloquent remarks to the students on the connexion between the medical profession and the clerical profession and literature, giving numerous illustrative examples, and he concluded by exhorting his hearers to respect humanity and to respect themselves. The annual dinner of the staff and past and present students was held in the evening at the Holborn Restaurant. The Hon. Mr. Justice Wills was in the chair, and among the guests were Col. Duncan, R.A., M.P., Col. Sparkes, Major Davis, the Rev. T. S. Echalaz, &c.

ST. THOMAS'S HOSPITAL.

A CROWDED audience of students and their friends assembled in the operating theatre to listen to the introductory address of Dr. Bristowe, on Friday last. Nearly all the members of the hospital staff and lecturers were present, and several students from other hospitals. The address, which we publish this week, was listened to with great attention, abounding, as it did, in sketches of bygone members of the staff who helped to make it famous, and on its completion the lecturer was greeted with loud applause. In the evening the annual dinner took place in the Governor's Hall, at which there was a good attendance. Mr. C. W. Chaldecott, of Dorking, occupied the chair, a most pleasant evening being spent. The chairman proposed the usual toasts; Dr. Stone, in a witty speech, "The Health of the Visitors," which was replied to by Professor Wm. Thomson and Dr. Savage. Alderman Stone (treasurer) replied for the hospital. Dr. Bristowe, F.R.S., proposed "The Chairman," and Mr. J. R. Lunn, in the absence of Mr. John Simon, C.B., F.R.S., "The Medical School," to which Dr. Ord replied, referring to its increased prosperity, and the additional accommodation recently provided in the anatomical and other departments, and to changes in the teaching. Mr. Le Gros Clark, Mr. John Croft, Dr. Alfred Carpenter, and Dr. H. W. G. Mackenzie also spoke.

GUY'S HOSPITAL.

PUPILS' PHYSICAL SOCIETY.

IN order to mark the beginning of the session, the Pupils' Physical Society held their first meeting on the evening of October 4th, in the anatomical theatre, which was completely filled, there being only standing room for several members both past and present. The treasurer and many members of the staff attended. Dr. Wilks, LL.D., F.R.S., was in the chair, and in a short opening address he first referred to the great loss the hospital had sustained in the death of Dr. Moxon, alluding especially to the manner in which he had by his untiring industry, energy, and skill enriched the pathological department by the addition to it of the well-known and beautiful series of water-colour drawings of pathological specimens which now hang on the walls of the post-mortem theatre. Dr. Wilks pointed out that, although the profession sustained from time to time great individual losses, yet the profession itself went on, and we must by hard work keep ourselves ever ready to fill up the gaps in the ranks. After congratulating the new students upon having entered a school which he so loved, of which he thought so highly, and at which the opportunities for work in all the departments were so numerous, the speaker went on to tell the students of the antiquity of the Physical Society of Guy's, which is the oldest medical society in London. He then mentioned the distinguished men, such as Dr. Jenner, who had spoken from the same theatre as that in which the Society now holds its meetings, and read extracts from the address delivered on similar occasions to the present, many years ago, by such men as Dr. Babington and Mr. Allen. Finally, after telling the new students that by joining Guy's they had taken upon themselves an obligation to work for the credit and fair name of the school to which they were attached, he called upon the reader of the paper of the evening to begin. Dr. Ryle, whose paper was entitled "The Rise and Progress of Medicine," gave a most interesting and full account of our advance from the time of Hippocrates downwards, showing that that father of medical art and science had a most wonderful insight into many of the problems of his craft, and that often there was an exactitude in his observations which it would be well if we nowadays were sometimes to imitate. Dr. Ryle proceeded to read several very instructive reports of Hippocrates' cases, making comments upon them in passing. He then touched upon all the epoch-marking periods of medicine, alluding especially, first of all, to Galen, who had done as much to retard medicine as to advance it by promulgating with his great authority many ill-founded theories. After alluding to Harvey and some of the later masters in medicine, Dr. Ryle concluded his paper. A brisk debate, carried on by the past and present members of the society, followed, and the reader of the paper replied. A vote of thanks to the treasurer was proposed by Mr. Lund, the senior house-surgeon, and seconded by Mr. Beard, the junior house-surgeon. The Treasurer, in replying, alluded to the great loss which the governors felt in the death of Dr. Moxon. He said it was a great pleasure to come to these meetings, and that he never failed to hear something which gave him material for deep thought for some time to come. Mr. E. W. Goodall, M.B., the senior house-physician, proposed, and Mr. Beard seconded, a vote of thanks to Dr. Wilks for presiding. In the course of his remarks Mr. Goodall said what a pleasure it was to the students that Dr. Wilks, although consulting physician to the hospital, still came down often in the afternoon and gave them the benefit of his great knowledge. After a brief reply from Dr. Wilks the meeting broke up. During the evening the museums were lit up, so that the past students had an opportunity of refreshing their memories by again looking at the famous specimens and wax models for which the Guy's museum is so well known. Many microscope specimens were exhibited, and all who attended appeared to have had a very pleasant evening.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Islington.—The population of St. Mary, Islington, may be taken at about 318,638, and in this the death-rate was 16·7 for 1885; this being the smallest death-rate on record. The birth-rate was 30·3 per 1000. Amongst the zymotic diseases small-pox was severely epidemic during the first six months of the year, measles was fatally epidemic, and the deaths from diphtheria, which had been rapidly increasing for some years past, amounted to 138. A large number of the sick were removed to the Metropolitan Asylums Board hospitals and to the Highgate Small-pox Hospital. Of the small-pox cases 42·9 per cent. died amongst the unvaccinated, whereas the rate was only 13·7 per cent. amongst the vaccinated. During the year the Vestry destroyed 421 articles which were infected, including 125 beds, and all these were replaced at the cost of the public, the amount thus spent reaching close upon £300. Dr. Meymott Tidy includes in his report tables as to the analysis of the New River Company's water, and as to the amount used per house; details are also given as to the licensing of slaughter-houses and cow-houses, as to summonses taken out under the Sanitary Acts, the renovation of certain of the dwellings of the poor, and action under the Sale of Food and Drugs Act. Having regard to the exigencies of public opinion and to the freer exercise of the right of complaint by the inhabitants, a large extension in the way of sanitary inspection became necessary in the parish, and besides other modifications four additional inspectors have been appointed, and regulations have been made defining more clearly the several duties of the inspectorial staff.

Surbiton Urban District.—During 1885 the death-rate for Surbiton was only 9·7 per 1000, and two deaths each from whooping-cough and diphtheria were the only ones due to zymotic diseases. The diphtheria cases are referred to as sporadic only. There is no description of the sanitary circumstances existing in the district, and apart from a list of nuisances dealt with, which is supplied by the inspector of nuisances, and a statement that the town is still without any hospital for infectious diseases, the wants of the district are not referred to. Perhaps, with a repeated low death-rate, the sanitary wants of the district are but few.

Huddersfield Urban District.—The general death-rate from all causes in 1885 was 20·1 per 1000 in Huddersfield, and that from the seven principal zymotic diseases 1·4, this latter being one of the lowest rates on record. In his report, Dr. Cameron draws attention to an excessive amount of death from "consumption" in the borough, and in this connexion he refers to density of population as facilitating the spread of a disease now admitted to be communicable. Thus, overcrowding becomes, from the point of view of this mortality, a vital one in the matter of public health, and anything tending to the undue aggregation of people, especially as regards their sleeping accommodation, needs to be specially dealt with where any tendency to excessive phthisis mortality is met with. During the year the authority's hospital has been in general use, and at one time the amount of accommodation was found to be insufficient. The site is, unfortunately, a restricted one for such a borough, although some of the accommodation it provides is very good. Scarlet fever was prevalent, and its spread is stated to have been in part due to unnotified cases. No such thing as intentional withholding of certificates on the part of medical men is suggested, but cases in which there was doubt as to diagnosis led to some difficulty in this respect. Where the notification was from the householder alone, there was tardiness, and Dr. Cameron thinks that some parents preferred wilfully to remain ignorant of the fact that their children had scarlet fever, so as to avoid the notification. But there has been no increasing antipathy to compulsory notification, and on the whole the Act is said to work well.

Wallasey Urban District.—As in so many other districts, the death-rate for Wallasey during 1885 was exceptionally low, the rate being 14·9 per 1000; the infantile death-rate and that from zymotic diseases were also low. In connexion with the general sanitary administration of the district, eighty soil-pipes were ventilated, several hundred drain-pipes were disconnected, houses were supplied with proper water-supply, and a large number of other improvements were effected. In 1884 a thorough systematic inspection of the district was made, and, as is usually the case, this was the forerunner of a large amount of detailed sanitary work, which must necessarily go to improve the healthiness of the town. Full details of this excellent work are given by Dr. Craigmile in the report under consideration.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5539 births and 3592 deaths were registered during the week ending Oct. 2nd. The annual death-rate in these towns, which had been equal to 22·6 and 21·0 per 1000 in the preceding two weeks, further declined last week to 20·0. During the thirteen weeks ending last Saturday the death-rate in these towns averaged 20·4 per 1000, and was 0·8 below the mean rate in the corresponding periods of the ten years 1876-85. The lowest rates in these towns last week were 15·2 in Brighton, 16·9 in Bradford, 17·0 in London, and 18·2 in Derby. The rates in the other towns ranged upwards to 27·7 in Leeds, 27·7 in Bolton, 29·2 in Manchester, and 29·4 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 1202, 1133, and 933 in the preceding three weeks, further declined last week to 746; they included 532 from diarrhœa, 61 from scarlet fever, 59 from "fever" (principally enteric), 33 from diphtheria, 32 from measles, 29 from whooping-cough, and not one from small-pox. The lowest death-rates from these zymotic diseases were recorded last week in London, Huddersfield, and Plymouth; and the highest in Norwich, Hull, Wolverhampton, and Preston. Diarrhœa caused the highest death-rates in Wolverhampton, Hull, and Preston; the mean rate in the twenty-eight towns being considerably above the average for the last week in September. The mortality from "fever" was greatest in Portsmouth, Bolton, Norwich, and Plymouth; from scarlet fever in Liverpool, Bristol, and Salford; from whooping-cough in Norwich and Wolverhampton; and from measles in Halifax. The 33 deaths from diphtheria included 20 in London, 4 in Liverpool, 2 in Leeds, and 2 in Cardiff. Small-pox caused no death in London and its outer ring, or in the twenty-seven large provincial towns; and only one small-pox case was under treatment on Saturday last in the metropolitan hospitals receiving cases of this disease. The deaths referred to diseases of the respiratory organs in London, which had been 110, 168, and 154 in the preceding three weeks, further rose last week to 187, but were 35 below the corrected average. The causes of 87, or 2·4 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Leeds, Blackburn, Wolverhampton, and Halifax. The largest proportions of uncertified deaths were registered in Huddersfield, Manchester, Oldham, and Nottingham.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 20·6, 18·8, and 16·8 per 1000 in the preceding three weeks rose again to 18·3 in the week ending Oct. 2nd; this rate was 2·3 below the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 9·8 and 13·0 in Perth and Paisley, to 19·9 in Aberdeen and 21·7 in Glasgow. The 452 deaths in the eight towns last week showed an increase of 37 upon the number in the previous week, and included 34 which were referred to diarrhœa, 14 to whooping-cough, 8 to scarlet fever, 4 to "fever" (typhus, enteric, or simple), 2 to diphtheria, 1 to measles, and not one to small-pox; in all, 63 deaths resulted from these principal zymotic diseases, against 93, 73, and 78 in the previous three weeks. These 63 deaths were equal to an annual rate of 2·6 per 1000, which was 1·7 below the mean rate from the same diseases in the twenty-eight English towns. The deaths referred to diarrhœa, which had been 57, 45, and 43 in the preceding three weeks, further declined last week to 34, of which 15 occurred in Glasgow, 6 in Dundee, 4 in Edinburgh, 4 in Aberdeen, and

3 in Leith. The mean annual death-rate from diarrhœa in the Scotch towns last week was again considerably below that which prevailed in the large English towns. The fatal cases of whooping-cough, which had been 20, 11, and 18 in the previous three weeks, declined again to 14 last week, and included 10 in Glasgow and 3 in Edinburgh. The 8 deaths from scarlet fever, of which 7 occurred in Glasgow, were within one of the number in the preceding week. The 4 deaths referred to "fever" were below the average for the season, and corresponded with the number in the previous week. The fatal cases of diphtheria and measles were also below the average. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 65 in each of the preceding two weeks, were 67 last week, and exceeded the number in the corresponding week of last year by 9. The causes of 66, or nearly 15 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 27·5 and 24·7 per 1000 in the preceding two weeks, further declined to 22·8 in the week ending Oct. 2nd. During the thirteen weeks of the quarter ending last Saturday the death-rate in the city averaged 22·1; the mean rate during the same period was 18·7 in London and 17·5 in Edinburgh. The 154 deaths in Dublin last week showed a decline of 13 from the number in the previous week, and included 23 which were referred to diarrhœa, 8 to scarlet fever, 2 to "fever," and not one either to small-pox, measles, diphtheria, or whooping-cough. Thus 33 deaths resulted from the principal zymotic diseases, against 39 and 30 in the preceding two weeks; they were equal to an annual rate of 4·9 per 1000, the rates from the same diseases last week being 2·4 in London and 1·6 in Edinburgh. The fatal cases of diarrhœa, which had been 29 and 25 in the previous two weeks, further declined last week to 23. The deaths referred to scarlet fever, which in the preceding two weeks had been 2 and 3, rose last week to 8, a higher number than in any week since the middle of last year. Five inquest cases and 4 deaths from violence were registered; and 38, or nearly one-fourth of the deaths, were recorded in public institutions. The deaths of infants showed a further decline from those returned in recent weeks, while those of elderly persons showed a slight excess. The causes of 23, or nearly 15 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

DR. GLOVER'S CANDIDATURE AND THE BIRMINGHAM COMMITTEE.

To the Editor of THE LANCET.

SIR,—The letter of Dr. Strange, the chairman of the Birmingham Committee, which you published on Oct. 2nd, and your own leader of that date, informed the profession that from regard to my place in the test-ballot by that committee they have now invited me to be their third candidate. The profession will naturally expect to hear the decision of my committee and my own opinion in regard to that invitation. I will ask you, with this view, kindly to publish my letter to Dr. Strange (which contains the resolution of my committee) in reply to his overtures, acting as chairman. In announcing this resolution, I wish to acknowledge with gratitude the courtesy of Dr. Strange and his colleagues. I am well aware of the value of organisation, but, at all hazards, we must preserve freedom.

Believe me, Sir, your obedient servant,

Highbury-place, N., Oct. 5th, 1886. JAMES GREY GLOVER.

"25, Highbury-place, Oct. 2nd, 1886.

"DEAR DR. STRANGE,—I lose no time in informing you of the result of the consideration by my committee of the proposal that I should stand as the third candidate of your nomination for the office of direct representative of the profession in the General Medical Council. The resolution of my committee is as follows:—

"'That this committee, having considered the letters written by Dr. Strange and Mr. Ker on behalf of the Birmingham Committee, in which Dr. Glover is informed that he has been adopted as the third candidate on their list, and in which, further, they express the desire that this committee, formed (two months since) to promote Dr. Glover's candidature, should amalgamate with the Birmingham Committee to promote the election of Messrs. Wheelhouse, Foster, and Glover—the three candidates now selected by the Birmingham committee as the most suitable to represent the profession in the General Medical Council,—do hereby resolve that the best thanks of the committee be given to the members of the Birmingham Committee for their proffered aid in advancing the election of Dr. Glover, and for the way in which they have mentioned his suitability for the post, as well as his claims on the profession; but, as many members of his committee have already promised their support to other candidates, and many other members decline to have their freedom of selection curtailed, it is impossible for the two committees to amalgamate to fulfil the objects of the Birmingham Committee.'

"I need not say how gratifying it is to me to stand well in the estimation of so many members of your committee; nor what a pleasure it would have been to me to co-operate with you, and to be associated in a joint candidature with Mr. Wheelhouse and Sir Walter Foster. But I am bound to say that I heartily concur with my committee. What we want above everything is to aid the free and spontaneous expression of the views and preferences of the medical profession, and to avoid mechanical ways of tying candidates and voters together. I shall still prize the support of the individual members of your committee, and trust to your kindness and courtesy, of which I have had not a little proof, to believe that, in electing to stand as an independent candidate, I am only doing what I feel to be right in the interest of the profession, which we all have at heart.

"Believe me, dear Dr. Strange, yours very truly,

——— "JAMES GREY GLOVER."

To the Editor of THE LANCET.

SIR,—I must say I am somewhat surprised to see how few of the candidates are what may be called typical general practitioners—i.e., men who hold union and club appointments, and have to face practice of all kinds and amongst all classes. I do not think the fact of a man's having once seen that kind of practice is sufficient proof of his sympathy with general practitioners. I should like to ask candidates—1. Are you now in *bonâ fide* general practice, with union and club appointments, and *do you intend to remain in your present position?* 2. Will you aim at raising the standard of general education to the level of that required in most foreign countries—say that of a B.A. degree at Oxford or Cambridge? I am, Sir, yours truly,

Woolwich, Oct. 4th, 1886. THEODORE MAXWELL, M.D.

To the Editor of THE LANCET.

SIR,—The circumstances that led to the formation of a committee whose object should be to endeavour, firstly, to find who would be likely to be the best representatives of the profession on the General Medical Council, and, secondly, to induce these to become candidates, are so obviously misunderstood that we venture to ask you for space for some words of explanation. Up to the date of the Brighton meeting there were, so far as was known, only seven gentlemen before the profession as candidates. Of these seven, five were heard to speak at that meeting in one capacity or another, so that many, if not most, of the members of that large assemblage had the opportunity of forming an opinion as to their fitness, in one important particular, for the honorable position to which they aspired. Two, Dr. Richardson and Dr. Glover, we believe, were not heard. Some at least of those who listened to the gentlemen in question, deemed that it was not inconsistent with the highest respect for them personally, to consider whether, from among the 17,000 practitioners of England and Wales, it might not be possible to induce a few to appeal to the suffrages of the profession who, if not better as men, should be better as representatives. No one else seemed inclined to come forward, and

the time for action was very short. The only possible way of arriving at a conclusion on what all will admit to be a most important matter was to consult gentlemen from various parts of the kingdom concerning it. This led to the summoning of the first small conference at Brighton. If the majority of those who attended it had considered that it was unlikely that any better representatives could be found, nothing further would have been done. But thinking otherwise, they resolved to take into their counsel as many as could be reached in the very short time possible to them. The number ultimately obtained was 360, from 163 different places, and nothing but want of time prevented this number from being increased ten ro twenty times. But to call these 360 gentlemen (thus without any pressure or influenec uniting themselves from such various quarters) "a small clique," is surely to employ language in a very unusual sense. The committee exercises no function beyond that of honestly to select gentlemen who in its judgment would be thoroughly able representatives; and it expects from the profession nothing more than that unbiased consideration which such an honest endeavour should secure for it. It accepting the verdict of these 360 gentlemen, we do not claim that they represent the whole profession, but, considering the number of districts represented and the decided character of the vote, it may be fairly taken as an indication of the feeling of a large body of the profession. To speak of the action of the Birmingham meeting as the action of a caucus is, again to use language in a sense which a moment's reflection must show to be incorrect. A caucus has made up its mind beforehand, and meets but to save appearances; but the thirty-five who met in Birmingham could have no possible means of knowing beforehand what were the opinions of the 360 living in all parts of the country on the names to be submitted to them, and they would not have made the experiment of a poll unless they had been honestly anxious to find this; out and the committee submits what it has done, its reasons for doing it, and its methods, with great confidence to the impartial judgment of the profession.—We are, Sir, yours faithfully,

WILLIAM CARTER,
Oct. 5th, 1886. ——— HUGH R. KER.

To the Editor of THE LANCET.

SIR,—In your article in THE LANCET of October 2nd on the Direct Representation of the Profession on the General Medical Council you couple my name with that of Dr. Jacob, and say we are officials of a corporation whose representation plays already a larger part in the Council than probably any of its members. To associate Dr. Kidd or Dr. Jacob with Professor Macnamara would, you say, be a work of supererogation, and you urge the election of a genuine general practitioner to the Council instead of either of us.

Now, Sir, I beg to say that, so far as I am concerned, I am not an official of any corporation. For many years the Fellows of the College of Surgeons have done me the honour of electing me, year after year, a member of their Council. I have thereby acquired a large experience in the management of students, the control of their education, and the conduct of examinations, and I have been enabled to initiate and assist in working out improvements in the systems of education and examination which are now, I believe, universally admitted to be of a most valuable and important character. The chief and most important work of the General Medical Council is to supervise and improve medical education and examination, and thereby elevate the status of the profession and make it more useful to society, and it is because of the experience I have gained in this work through my connexion with the College of Surgeons that I have ventured to ask my professional brethren to elect me as their representative. It is, I am sure, unnecessary to remind you that the duties of the General Medical Council are strictly defined by the Act of 1858, and that they can take no cognisance whatever of anything ontside the four corners of the Act, whether it be the privileges of army medical officers, Poor-law or dispensary officers, general practitioners, or others, and that their highest duty is the supervision of medical education.

I am, Sir, yours faithfully,
Dublin, Oct. 6th, 1886. GEORGE H. KIDD.

*** We cannot say that Dr. Kidd's letter in any degree changes our opinion. Dublin physicians and surgeons have hitherto monopolised the Irish seats of the Council. No less than five do so at the present moment. For another to gain the sixth seat will be hard indeed on the practitioners of Ireland.—ED. L.

PHARYNGEAL AND LARYNGEAL "NYSTAGMUS."

To the Editor of THE LANCET.

SIR,—I am indebted to Dr. Gowers for permission to publish the following observations I have made on a patient under his care at University College Hospital. The patient, a girl aged twelve, has a cerebral tumour, and presents the symptoms of reeling gait (with a tendency to fall backwards and to one side, usually the right), vertigo, intense occipital headache, constipation, vomiting, ocular nystagmus, but no optic neuritis. The pulse is usually 100. These symptoms have been present for the last fifteen months. The ocular nystagmus is vertical and horizontal, occurs at the rate of 180 to the minute, is slightly increased in frequency during accommodation for very near, or in looking at far distant, objects. On examining the throat, I noticed the superior constrictor of the pharynx to be in a state of constant rhythmical movement in a horizontal direction, as if the posterior pharyngeal curtain were being rapidly drawn together, the twitchings occurring at the same rate as the movement of the eyes, 180 to the minute. The movement does not affect the soft palate or pillars of the fauces, the faintest possible tremor only being transmitted to them from the action of the adjacent constrictor. By pressing the point of a quill pen against the pharynx and pivoting the quill on a pin held fixed against the upper teeth, I have been able to write with the feather-end a tracing of the movement on sphygmograph paper. The laryngeal muscles are similarly affected. The arytenoid cartilages are seen rapidly gliding to and from each other synchronously with the movement of the pharynx. When the patient is breathing quietly the main movement of widening of the glottis during inspiration is interrupted by slight twitches, and similarly the movement of respiration. When the patient stops breathing the cords gradually close with five or six contractions, till they finally lie parallel and close to each other; here they remain, undergoing only a slight tremor till the patient recommences to breathe. I have had this patient under observation for over two months, and the movement has been always present. There is now a slight alteration in the state of the larynx, in that the left cord twitches more than the right, and the cords do not so nearly close when the patient stops breathing. I am not aware that a movement of this kind has been previously described, and I am anxious that it should be looked for in cases of intracranial tumour, so that its localising value may be determined. It is possible it may throw some light on the etiology of ocular nystagmus, and it may be of value to the surgeon, perhaps, in showing pressure on the medulla, and so assist in the diagnosis of the position of a cerebellar tumour. As regards the term "nystagmus" applied to the pharynx and larynx, its association and synchronism with the ocular nystagmus, and the fact that movement of the eyes in a horizontal direction is called "nodding," would seem to warrant a slight departure from strict etymological accuracy.

I am, Sir, yours truly,
HERBERT R. SPENCER, M.B., B.S. Lond.,
Oct. 1886. House Phys. Univ. Coll. Hosp.

TREATMENT BY MASSAGE.

To the Editor of THE LANCET.

SIR,—It will be a surprise and a shock to many of your readers to learn from THE LANCET of this week that the practice of massage is not to be acquired under two years, and some may even venture to ask whence the extreme elaboration of detail which this lengthened apprenticeship implies derives its sanction. It seems incredible that any manipulation of the body which human ingenuity can devise should be learnt so slowly. Divide the frame into as many departments as you will, exclude those parts which are inaccessible to massage and those which it would not venture to approach, and there remains but a limited area to which Dr. Weir Mitchell's method is applicable. Let the modes of rubbing, stroking, pinching, and kneading be multiplied to the utmost, and far beyond the reach of

language,—even then all possible contrivances will be exhausted before two years have run out. But if two years, why not ten? It may be confidently asserted that there is no digital use whatever needing two years for its acquirement that does not go on advancing towards perfection so long as the mind which informs the fingers retains its vigour. Massage takes rank with music and the Fine Arts.

To all this I venture to oppose the opinion that the manipulation of the body surface, which some call "massage," and which aims at supplying the place of voluntary muscular exercise, does not need two years to learn, nor two months, nor, with an apt scholar, two weeks. It is with massage as with other skilled exercise—as with fly-fishing and cricket and tennis. Some pick it up very readily, even from the mere observation of the skilled rubber. Some can never learn massage at all. Anyone not acquiring a fair skill after a month's training may begin to despair of ever acquiring it. It is a knack, and admits as many gradations of expertness as do the games just mentioned. But the fullest expertness is not a question of time but of natural adaptability. To suppose otherwise is to mistake both the object of massage and the nature of the faculty on the part of the teacher to which it makes appeal. These are no statements of mine, they are the substance of the teaching of many authorities, including Dr. Weir Mitchell, the original proposer of the treatment, and Dr. Playfair, who first introduced it into this country. One of the best operators at the Westminster Hospital Home for Nurses learnt it of Dr. Weir Mitchell "in a few lessons." He was so well satisfied of her expertness that he employed her on his own patients and wished her to remain in America. Her sister, whom I have just now seen, learnt of this other "in a week." Both of these sisters can quote a long list of successful cases, and their competence is attested by several well-known physicians, who have had proof of their skill. One of the earliest employers of massage in this country is the Lady Superintendent of the Home Hospital in Fitzroy-square. She has taught many; and patients needing the treatment are constantly under her supervision. The hospital has been visited by Dr. Weir Mitchell himself, who thoroughly approved of the system there in vogue. This lady believes that an apt learner can acquire massage in six lessons, while she repeats precisely what has been told me in other quarters, and especially by the matron of my own hospital (to whose kindness and interest in the matter I am much indebted) as to the wide difference between one nurse and another in picking up the trick of rubbing. From such practical testimony, let me turn to the voice of the profession. Next to Dr. Weir Mitchell, I suppose the authority of Dr. Playfair will be deemed the highest. He writes in terms which he allows me to quote, and which are sufficiently indicated by the following extracts:—"Massage is a very simple thing which has been made complex by the absurd way it has been written on abroad, and the divisions and names given to it." "Half-a-dozen lessons I consider quite enough if the learner has natural aptitude." The statement that two years are needed is manifestly absurd. "I am inclined to think that just now massage is very much overdone and often used in quite unsuitable cases." The fact is, I suspect, that massage, like other therapeutic agents that attract attention, like the hypophosphites and salicine and salicylates, is passing through its stages. First, the warm, and often indiscriminate, praise; next the statement, and doubtless the genuine belief, of some practitioners that in their own hands the new agent can be made to yield a virtue which others fail to extract from it; and, finally, the settling down of belief as to the real value of the treatment in question. And if it be so with drugs, how much more with a method of manipulation which confessedly needs skill, dexterity, and practice. Let us be content, then, to leave "massage" to make its own way like other remedies, in the full assurance that the settling day will come by and bye, when its precise value will be finally determined. And so, no doubt, in the main it will be; and in that persuasion I would gladly have spared myself a task of criticism which, in the circumstances, is exceedingly distasteful. But there are others to be considered, and it is but just that a word should be said on behalf of those to whom many of us are deeply indebted, and who may not speak for themselves. Massage is now largely resorted to: there is probably no hospital in London, and no nursing home of repute, which cannot furnish trained rubbers (as I still venture to call them) who are thoroughly competent, and whose ability is proved by the patients they have helped to cure. The time will soon come, it may be hoped, when the same may be said of every town in the kingdom. It is quite easy to disparage these quiet workers, who may be at least trusted to make no protest and no claim of their own. It is less easy to prove by results that the refinements which have been imported from the Continent add anything whatever to the virtue of Dr. Weir Mitchell's method. The treatment is still on its trial, but the facts in regard to it are in small compass and accessible to all. Massage may be so far popularised as to become a valuable help to practitioners in a class of cases heretofore singularly hopeless and pitiful, or it may ultimately fall into the hands of a few "professors," who will make of it a "speciality," or even a trade.

I am, Sir, yours obediently,

OCTAVIUS STURGES,

Oct. 4th, 1886. Senior Physician to Westminster Hospital.

"INFANT FEEDING."

To the Editor of THE LANCET.

SIR,—I regret I have not been able to reply to Dr. Marshall's letter earlier. I have received a great many communications in reference to my article on Infant Feeding, including one from the United States, showing the wide interest the subject excites in the profession.

Dr. Marshall says that "physiology and experience both negative" my plan. Surely this is putting the cart before the horse. Physiology, like other sciences, is constructed by drawing deductions from well-verified facts—it does not condemn asserted facts untested. If Dr. Marshall, and other men equally as well placed as he is, try the plan I advocate and find it fail, I will bow to their decision; but it is hard to be told that science is able to condemn it off-hand, seeing that a physiological writer has placed the average life of a physiological fact at three years! My article did not profess to treat fully the subject of milk-feeding pure and simple, so I did not give full details as to methods I have pursued in that direction. I am acquainted with "Frankland's Milk," but the process advised seems to me too complicated for universal use. Half milk and half water certainly gives a larger proportion of caseine than human milk (indeed, Dr. Meigs of Philadelphia, U.S., asserts, and to my mind proves, that the amount of caseine in human milk is certainly under 2 per cent.); but one part milk to two parts of water is, in my opinion, starvation in disguise; while adding cream and whey to water or to milk is not only a complicated process for poor ignorant people, but it involves keeping the milk for twelve hours before it is used. Considering that cow's milk has an acid reaction to begin with, while human milk is slightly alkaline, and considering how readily the milk of cows kept in sheds (and therefore fed on roots and grains) ferments, I do not think cow's milk twelve or probably fifteen hours old is likely to be as digestible as absolutely fresh milk. My own children were fed with milk from one cow; various proportions were tried of water, but all suffered severely from flatulent colic and curdy motions until the milk-and-water was thickened with a well-known food, which I believe contains bicarbonate of potash as well as malt and flour. After this the children improved in every way, and, I think, might now be shown as models of health. As regards the interval between the feedings, I have always recommended an hour and a half during the first week or two, to be gradually lengthened to two hours, whilst at some time during the night there ought to be an interval of at least four hours to give the digestive apparatus time to rest. I also always recommend that two or more bottles should be used, that at night a basin of water should be kept by the bedside, and that as soon as the child has sucked as much as it will, whatever is left is to be thrown away, and the bottle and tube placed separately in the basin of water. I still maintain that reducing the caseine "to digestible limits" is not the only problem in adapting cow's milk to infant digestions. I feel sure I am right in saying that, at all events, part of our problem is how to make the curd digestible. Mechanical effects do not seem to be sufficiently weighed, but they cannot be ignored. Take as an illustration the familiar laboratory experiment of making oxygen: black oxide of manganese helps the process, though not chemically. Again, I have read that certain savages of Patagonia of the lowest type, when severely pressed by

famine, mix earth with their scanty food to add to its bulk. The mechanical effect of the earth must be to allay the pangs of hunger, or they would surely never resort to such an eccentric mode of feeding.

In conclusion, I again assert, and beg of your readers to test, verify, or reject, as the case may be, my assertions, (1) that thickening one or two bottles a day of the milk and water used is quite a different thing from feeding on farinaceous food; (2) that milk-and-water so thickened is more digestible than milk-and-water alone; (3) that a diet of milk-and-water with a teaspoonful or so of farinaceous food per diem will cause a greater increase of weight, with healthy look and firm muscles, than an equal quantity of milk reduced to cream-water and whey or curdled with rennet.

I am, Sir, yours faithfully,

Southborough, Tunbridge Wells. E. PAGET THURSTAN, M.D.

A NEW CULTURE MEDIUM FOR MICRO-ORGANISMS CAPABLE OF WITHSTANDING HIGH PRESSURE.

To the Editor of THE LANCET.

SIR,—Having found agar-agar, in addition to the difficulty of obtaining it, somewhat inconstant as a culture medium, I have for some little time been experimenting in the laboratory of Professor Chiene with a jelly derived from Irish moss. The jelly so obtained is much less opaque than agar, and evidently more nutritious in itself, in that some micrococci and sarcinæ are able to grow in it without the addition of any peptone or meat juice. The method of preparation is of the simplest. Two ounces of the finest selected Irish moss are macerated over night in eighteen ounces of water in a beaker; then in the morning it is placed in the steam steriliser, and kept at the boiling point of water for the period of an hour and a half, being well stirred up occasionally. At the end of this time it is strained through a flannel, or (preferably) felt bag, two or three times, when it is found to be fairly bright. As a considerable quantity of refuse matter remains in the bag, the quantity of material derived from the moss and represented in the jelly must be considerably smaller than the actual weight of moss used. The jelly so obtained will be found on cooling merely to gelatinise, and yet one finds it to withstand a temperature of 31° C. before liquefying, but if it be evaporated to ten ounces, it is found to be capable of being exposed to a temperature between 50° and 55° C. before liquefying. In this state, if a test-tube be filled with it, it is found to present the appearance of water with only a slight degree of haziness. In order to render this more nutritious, and so better fitted for the requirements of the growth of the generality of micro-organisms, I add to it the materials recommended by Dr. Klein—namely, beef peptone and ordinary cane sugar. If we add to the jelly 2 per cent. of the former and 1 per cent. of the latter, the result is a jelly almost as bright as nutrient gelatine and infinitely more so than agar, while the simple method of preparation and the price (Irish moss is about one shilling per pound) have much to recommend it.

I remain, Sir, your obedient servant,

ALEX. EDINGTON, M.B., C.M.,
Assistant to Prof. of Surgery, Edin. Univ.

Edinburgh, Sept. 28th, 1886.

GRANULOMA FUNGOIDES.

To the Editor of THE LANCET.

SIR,—As you refer in your number of Oct. 2nd to a case of this extraordinary affection described by me at the Pathological Society in May last and reported in THE LANCET, and as the disease has lately attracted a great deal of attention on the Continent, perhaps you will allow me to say a word on the most recent aspects of the subject.

The hypotheses of Drs. Hochsinger and Schiff that the disease is due to the presence of micrococci in the tissues, and that of Professor Rindfleisch, which refers it to cocci in the bloodvessels, though each has been put forward with great confidence, cannot either of them be regarded as proved. In a paper to appear in the forthcoming Transactions of the Pathological Society I have given reasons for thinking that the "cocci" of Hochsinger are not micro-organisms, but protoplasmic granules occurring in certain cells, and that the organism which Schiff cultivated from the tissues was in all probability the almost ubiquitous Staphylococcus pyogenes aureus, with which it appears entirely to agree. Professor Rindfleisch's observations are, as I have pointed out, equally open to question. There can be no doubt about their objective accuracy; but the cocci he describes would appear to be rather connected with a septicæmic process, of which his patient died, than with the original chronic disease. On the whole, then, I have ventured to conclude either that the disease is not bacterial, or that the right organism has not yet been found. My own observations (confirmed by those of several pathologists in this country) gave a negative result; and so did cultivation experiments made in the laboratory at St. Thomas's Hospital by Mr. Ballance.

I am induced to trouble you with these lines, more especially because two new memoirs have appeared on the subject since my paper was sent in. One is that of Hochsinger and Schiff, to which you refer, in which they undoubtedly describe more extensive culture experiments, but do not bring any further proof that their cultivated organisms caused the disease. The other is a paper by Professor Koebner of Berlin (*Fortschritte der Medizin*, Sept. 1st), where the bacterial theory of this disease is combated by arguments which are almost identical with those used by me in the Pathological Transactions, and are founded on observations entirely agreeing with ours in this country as regards the absence of micro-organisms. These views were, I have just heard, brought forward at the late Medical Congress at Berlin, and were substantially confirmed by Neisser. The Berlin observations were evidently as independent of mine as mine of them, so that their coincidence is a valuable mutual confirmation. The same, I cannot but expect, will be the result of the investigation of other cases of the same disease, which may from time to time occur, unless, indeed, some day the not-impossible bacillus should be detected. In the meantime the moral is that of the immortal cookery-book—"First catch your hare."

I am, Sir, your obedient servant,

Wimpole-street, Oct. 4th, 1886. J. F. PAYNE.

THE TREATMENT OF CASES OF OPERATION FOR CATARACT.

To the Editor of THE LANCET.

SIR,—Mr. Snell's paper on the treatment of cataract, published in your issue of the 18th inst., leads me to suppose that the following method of dressing, which I have used in nearly all my cataract operations and iridectomies for several years, may be new to some of your readers. Strips of salicylated isinglass plaster are cut two inches and a half long and rather more than an eighth of an inch wide. As soon as the operation is completed and the lids closed, a strip is damped by drawing it over a pad of Gamgee tissue dipped in warm water, and is then applied along the margin of the upper eyelid so as to reach from the bridge of the nose to beyond the outer canthus; another is applied parallel to the first along the edge of the lower lid, and a third at right angles to the other two, reaching from above the eyebrow to the cheek. Care must be taken to make this strip stick firmly to the other two, and this is easily managed if it is damped to the proper degree. The eye not operated on is secured in the same manner, or sometimes the strip on the lower lid is omitted. In a few minutes the plasters are dry, and no further dressing of any kind is needed. By this means the eyelids are kept immovable without any pressure; any swelling which may occur is at once visible; the discharge has free exit between the edges of the lids, and can be removed by a sponge or pad of wet cotton-wool without disturbing the dressings. The salicylic acid in the plaster acts to some extent as an antiseptic. I have never had any trouble from the plasters loosening by the discharge and allowing the eye to open. Occasionally the ends of the plasters curl up a little, but this is easily remedied by damping them down again. Usually about the fourth day the plaster is softened by laying a pad of wet Gamgee tissue over the eye for a few minutes, and then removed and a similar dressing applied. I know of no drawback to the method, and confidently recommend a trial of it by your readers.

I am, Sir, yours obediently,

York, Sept. 27th, 1886. TEMPEST ANDERSON, M.D.

THE FIRST PROFESSIONAL EXAMINATION IN SCOTLAND.

To the Editor of THE LANCET.

SIR,—Will you permit me very briefly to reply to "M.D. Glasgow," who writes in your issue of the 2nd inst. regarding the first professional examination in Scotland? Your correspondent speaks of the student being confronted with chemistry, botany, and natural history (i.e., zoology) after passing his preliminary trial. He alludes to the "width" of these sciences, and, by implication, would have us believe that the medical student is forced to become little short of a specialist in each. I cannot speak either for Edinburgh or for Aberdeen, but as I have held the position of examiner in botany and zoology in the University of Glasgow for ten years past, I may be credited with a very fair knowledge of the amount of biological information the Glasgow student is required to possess for success in passing his first professional examination. Chemistry I leave out of consideration, for although "M.D. Glasgow" apparently includes this subject in his sweeping assertions, I do not think any sane person would dream of maintaining that a medical student should be otherwise than a fairly competent chemist. As regards botany and zoology I assert, without fear of any contradiction worthy the name, that at Glasgow University any student who shows a fair, and by no means necessarily minute, acquaintance with the broad facts of these sciences is certain to satisfy the examining board. We do not look for the *minutiæ* of biology from medical students, but we do expect them to possess what hundreds of students yearly do contrive to acquire—namely, a broad acquaintance with the fields of animal and plant life. I am at a loss to understand the mental calibre of the students your correspondent speaks of as having again and again been "plucked" in their first professional examination, save, indeed, on the theory that there are certainly a proportion of students who will not take the trouble to acquire even the reasonably limited knowledge needed to pass. My experience as an examiner—and I will add as a teacher of biology also—is that a certain class of students never will pass the first professional or any other examination whatever. These are the unhappy few who think themselves hardly used, because when, for example, they have informed examiners that a fern is a dicotyledon, or that a crab is a vertebrate animal, the said examiners refuse to credit them with the knowledge necessary to pass even the simplest of trials. Add to this that the intellectual demands made upon medical men nowadays are of very heavy character, and that the doctor is expected to be at least as intelligent a man as the schoolmaster or the clergyman; and I fancy "M.D. Glasgow" must admit that a knowledge of biology—possessing as it does intimate bearings on the nature and cure of disease—is by no means the least valuable of the mental furnishings of the modern physician. I am, Sir, yours obediently,

Edinburgh Medical School, Oct. 2nd, 1886. ANDREW WILSON.

THE MEETING OF GERMAN NATURALISTS AND MEDICAL MEN IN BERLIN.

(From a Correspondent.)

THE fifty-ninth meeting of the Society of German Naturalists and Physicians (corresponding to the combined British Association and British Medical Association), which has just taken place in Berlin, has been one of the most brilliant gatherings of the kind, both as regards the attendance and the scientific outcome. The scientific work at these meetings consists in the delivery of lectures of general interest before the whole assembly on days set apart for the purpose, in the reading of papers, and in demonstrations in the different sections.

As specialism exists in Germany to a greater degree than in England, the number of sections at these gatherings is very large, and this year there were thirty sections, of which twenty-one were more or less medical. In spite of the subdivision of the work (thus I noticed a section on pharmacology, one on pharmacy, one on general hygiene, one on military sanitary science, and one on medical geography, climatology, and hygiene in the tropics), all the sections were well attended, and some had as many as 400 members. The different hospitals, scientific institutes, and museums were also thrown open for inspection, and in some special demonstrations were given. There was also held in connexion with the Congress an exhibition of drugs and scientific instruments used in the different branches of medicine and the natural sciences.

Deferring for the present an account of the work done in the sections, and of the exhibition of instruments, I wish, to-day, briefly to notice some of the general addresses. At the first open meeting Professor Virchow gave the introductory address, in which he briefly sketched the origin of the Association, its aims and objects, and its immense development, and alluded to the scientific activity of the German race as a guarantee for the growth of the German nation. "In the severe struggle for existence only those nations will survive which succeed in unravelling the mysteries of nature in new directions, and in placing at the service of man the forces which we find spread out in the world in a profuse manner." He then alluded to the connexion of the natural sciences with medicine, which connexion was still kept up by the German Association, in contradistinction to its English sister Association, and dwelt at length on the new method, the mechanical method, of research (in the sense in which Leibnitz uses the words, "Omnia in corporibus mechaniæ explicari posse"), which, by replacing the so-called natural philosophy (*Naturphilosophie*) and speculative philosophy, remodelled the whole of biology, and gave the basis to all scientific inquiries. Darwin, in his famous work on the Origin of Species, tried to solve the question of descent, not in the sense of the old natural philosophy; he did not discuss general probabilities, but looked for the several practical cases; he did not search for special organic powers, but tried to find the mechanical effect of natural causes. The same method has been pursued ever since; and if in recent years rapid advances have been made, especially in the study of infectious diseases, the aim and the method have remained the same—the scope only of our investigations has been altered. "Our modern transactions are characterised by the spirit of empirical but methodical investigation, the spirit of practical synthesis, the spirit of brotherly co-operation in the several branches of the wide scientific field."

Dr. W. Siemens gave an able address on our Scientific Age, and was followed by Professor Bardeleben of Jena with a paper on "Hand and Foot," in which he compared the hand with the foot on the basis of comparative-anatomical and palæontological data. He then discussed the origin of the vertebrate limbs, and contrasted Gegenbaur's theory with the more recent one of Thacher, further developed by Mivart and the lamented Balfour, concluding with a number of aphorisms more suitable for the lay portion of the audience—such, for instance, as the adaptation of the terms "foot" and "hand" to such various purposes as standards of measurement, as the basis of our numerial system, and so on.

At the second general meeting Professor Cohn (Breslau) read a most fascinating paper on "Questions of Life" (*Lebens fragen*), which showed that the great problem is not yet solved, and that in the living organism there are forces which, though they must be mechanical, as they put bodies in motion, yet cannot be split up into components of atomic molecular forces. "The gulf which separates life from death, organic from inorganic bodies, is not closed, and none of our hypotheses will help us to bridge this gulf." He was followed by Dr. Schweinfurth with a paper on a geographical subject, and by Professor His on the "Development of the Zoological Station at Naples and the growing necessity for Scientific Central Stations." The lecturer dwelt on the advantages such institutions, if properly worked, would have for the study of many questions of physiology and embryology. In these institutions collective investigation on some subjects—as, for instance, the finer structure of the brain—could be carried out—work which could not be done by a single individual. They should form a sort of library or museum, accessible to all scientific inquirers.

Professor Stricker (Vienna) then gave a demonstration with his powerful electric microscope, and showed how useful the instrument is for lecture purposes.

At the third and last general meeting there were three addresses, only one of which, that of Professor Bergmann of Berlin, was of medical interest. Professor Bergmann spoke

of the relations of modern surgery to internal medicine, the triumph of surgery due to the antiseptic method of Lister, and the scientific development of surgery. Wounds can now be made to heal so readily that surgery has invaded the territory of medicine, and serious operations on internal organs are performed, and often, also, operations merely for the purposes of diagnosis. Internal medicine, occupying itself largely with those disease-germs which are brought to the organism from without, tries to wage war against these germs in their native elements—the air, water, and soil,—and is becoming more and more preventive.

I propose in a future communication to allude to the work done in some of the sections, and to some other matters in connexion with the Congress.

LIVERPOOL.

(From our own Correspondent.)

OPENING OF THE LIVERPOOL UNIVERSITY COLLEGE.

The formal opening of the Winter Session of the University College, Liverpool, was held at St. George's Hall, on Saturday last, under the presidency of Lord Derby. In opening the proceedings, the noble chairman said he believed it was no exaggeration to say that "the record for the year just ended is satisfactory in nearly every respect. No previous session has shown so marked an increase either in the number of students or the amount of fees. The chief event of the year is the completion and opening of the new chemical laboratory, which was inaugurated by an address from Sir Lyon Playfair in March last. The Council since that date have had six months' experience of the working of the arrangements then completed, and no serious defect or oversight had been discovered, those who are best qualified to judge considering the laboratories as equal for completeness and efficiency to any now existing in the British islands. Another matter has engaged a good deal of public attention. Two years ago, acting on a strongly expressed public feeling, the Senate devised a two years' course of study suitable to young men who were training themselves for a business life. The scheme was discussed over and over again; many of the leading firms in Liverpool were consulted; it was adopted by the governors in the autumn of last year, and no pains have been spared to obtain for it the approval and support of the principal trade associations of the city, which support has been given in a simple and very practical form. Most of the leading banks and insurance companies and above 350 private firms have agreed to recognise the certificates granted by the College to those who pass creditably through the proposed course—not, of course, as an absolute claim to employment, but as a recommendation to which they attach importance; and in many cases they will lessen by one year the ordinary term of apprenticeship in favour of candidates who may be so qualified—which is a kind of help doubly valuable, both because it furnishes a practical inducement to young men to go through this course, and because it shows an amount of sympathy among business men with the work which the College is doing, which strengthens our hands in appealing to the public for further help. Mr. G. Holt, already a large donor, has very liberally presented to the College the sum of £2000 for the advancement of medical study, and that sum has been applied to the creation of two scholarships to be annually awarded to senior students of the medical school. And an entirely novel experiment has been tried in the establishment of ten very small scholarships for working men, yielding only £5 each, but involving, on the other hand, the necessity of attendance at two courses only of evening lectures. The object of them is to assist men not otherwise able to provide the cost of attending lectures and of the necessary materials for study. The Council is asked to do this, that, and the other, which is useful and desirable, and tries to meet the wants and wishes of the public; but does so, for the most part, at a heavy increase of expense. It is a good sign—a healthy sign—that the child should be outgrowing its clothes, but the parents must not complain if they have to pay for new ones. The College has grown very fast, and no men hereafter will ever venture to say again, what was said by many people a few years ago, that such an institution is not wanted or appreciated in Liverpool. 'Well begun is half done'; and the severest critics cannot deny that the beginning has been a good one." An introductory address was then delivered by Mr. Wm. Martin Conway, the Professor of Art, who selected as his subject "The Succession of Ideals." Lord Derby afterwards distributed the prizes to the successful candidates, and after votes of thanks had been proposed and carried to the lecturer and Lord Derby, both of whom briefly returned thanks, the proceedings terminated. The annual dinner was held the same evening in the Adelphi Hotel, under the presidency of Dr. Caton, at which a large number of medical practitioners were present.

"VIEWING" REMAINS.

Referring to the remarks in THE LANCET of last week under this heading, there is another phase of the subject which ought not to be ignored. A most experienced coroner's officer in this city, now retired, gave, among other experiences, this: that many a man dates the commencement of a career of intemperance to his first serving as a coroner's juror, and the effects upon him of "viewing" the body. In hot weather especially, the state of a body within twenty-four hours after death may be such as to try severely even those who are accustomed to such sights and odours—a condition which is intensified by the fact that the "viewing" cannot, as a rule, be until two or even three days after death, and frequently even longer than this. In Shanghai the coroner's jury comprises three persons; a county court jury in this country, five. If the coroner's jury is a desirable institution to perpetuate, might it not be reduced? And seeing what an utter farce the "viewing" is, it is high time it was dispensed with.

PREVENTION OF CRUELTY TO CHILDREN.

A summary of the work done during the month of September by the Society for the Prevention of Cruelty to Children amply justifies its formation. In that interval of thirty days the Society took up 58 new and 10 old cases, the former involving the welfare of 107 and the latter that of 12 children. Among the complaints were 2 of assault, 1 of excessive beating, 41 of general neglect, 2 of starvation; exposure, 21; sleeping out at night, 6; the remainder being cases of begging and of selling at night. In four cases the complaints were dismissed. Two children were committed to industrial schools, 36 were under the supervision of the School Board, 3 were placed in workhouse schools, 2 in hospitals, 3 with relations, and 22 with parents under visitation; 29 parents were cautioned; the remainder of the cases were disposed of in various ways.

HARVEST FESTIVAL AT THE ROYAL INFIRMARY CHAPEL.

On Sunday last the usual harvest festival was held in the chapel of the Royal Infirmary. The decorations, which were by the lady superintendents and their assistants, were very beautiful. The musical portion of the services was most ably rendered by the large staff of nurses and probationers, who, under the indefatigable organist, spare no effort in making the services every Sunday as cheerful as the surroundings of a hospital chapel will allow. The chapel was filled to overflowing, and Archdeacon Bardsley preached on behalf of the Samaritan Fund of the infirmary. This fund enables the chaplain (the Rev. W. Smith) not only to give some little help to poor patients, but also in many instances to alleviate the distress at a patient's house while the bread-winner is the inmate of a hospital ward. The offerings at the two services amounted to £7 9*s.* 1*d.*

UNIVERSITY COLLEGE, LIVERPOOL: MEDICAL FACULTY.

List of Scholarships, Exhibitions, Prizes, &c., 1885 to 1886: Scholarships and Prizes: Holt Tutorial Scholarships, A. W. Collins and J. E. Gemmel. Lyon Jones Scholarships, H. A. Burrowes, S. R. Knight (resigned), and A. J. Chalmers. Derby Exhibition: W. T. Thomas. Winter Session.—Third and fourth year subjects: Medicine: W. T. Thomas, silver medal. Surgery: W. T. Thomas, silver medal. Pathology: J. H. Abram, silver medal. Obstetrics: F. Kerans, silver medal. Second-year subjects: Advanced Anatomy and Physiology: E. Hale, Torr gold medal; J. Gould, bronze medal. First-year subjects: Elementary Anatomy and Physiology and Chemistry: R. H. Carlisle, Bligh gold medal; J. S. Sewill, bronze medal. Summer Session.—Materia Medica: J. Cunningham, silver medal. Botany: A. J. Chalmers, silver medal. Medical Jurisprudence and Toxicology: F. Kerans, silver medal. Practical Chemistry: A. C. Wilson, silver medal. Histology Prizes: First, Mr.

Hale; second, Mr. Grimsdale. Students' Debating Society Prizes: First prize for essay, Mr. Sanderson; second, Mr. Livsey. First prize for debating, Mr. Capper; second, Mr. Fox-Parry. First prize for specimens, Mr. Garth; second, Mr. Buchanan. Prize for medical cases, Mr. Abram; for surgical cases, Mr. C. W. Graham; for venereal cases, Mr. Leigh.

MANCHESTER.

(From our own Correspondent.)

OWENS COLLEGE.

WORK is being resumed for the winter session in most of the departments during the present week. In the arts, science, and law departments the Professor of Mathematics delivers an "introductory," and in the evening classes department an introductory address will also be delivered on Monday next; but, in accordance with the now established custom, the medicals will have no such opportunity of giving vent to the exuberance of their animal spirits, but, in lieu thereof, a conversazione was held last night in the College, which was very largely attended, between 400 and 500 visitors being present. The whole of the buildings were thrown open, and various scientific apparatus, &c., were shown for the instruction and amusement of the guests. The Dean of the medical school (Professor Young) gave his report of the work of the past year, and afterwards delivered an address on the future prospects of the College and University. Later on, Dr. Dreschfeld discoursed to a large audience on Pasteur and his inoculation method for the prevention of hydrophobia. On Thursday evening the annual medical dinner of the College will take place at the Queen's Hotel, under the presidency of Sir William Roberts.

HOSPITAL EXTENSION.

With a view to assist in raising the funds required for the proposed extension or rebuilding of St. Mary's Hospital, which has for some time past been in contemplation, steps have been taken for holding a bazaar next month in the Gentlemen's Concert Hall. The additions to the Hospital for Consumption by the erection of a new and more suitable building for the out-patient department are rapidly approaching completion; it forms a very compact and well-adapted building for the purposes required, and will be a great improvement on the make-shift accommodation hitherto provided in John-street. Twelve months ago, the committee of the Northern Counties Hospital for Incurables appealed to the public for the means to extend their hospital at Mauldeth Hall, as it had become quite full and many applications for admission had to be refused. As the result of this, a most handsome gift was received from a lady, Miss Kay, in the shape of a large house and grounds near Bury. These, having been taken over and adapted by the committee, were recently formally opened by the Bishop of Manchester. The accommodation here will ultimately provide for some forty additional patients, and will, for the present at least, render the extension of the original building unnecessary.

MILK ADULTERATION.

Our municipal authorities are still very vigorous in the prosecution of offending milk-sellers. Scarcely a week passes but we hear of cases in the police-court; and letters have not been wanting in the columns of the daily press, complaining that the milkmen are in some cases scarcely treated with fairness, and a vigorous defence was made in a recent case by counsel, to show that a milk containing only 8·3 of non-fatty solids was not necessarily a sophisticated one; but the magistrates were not to be moved, and convicted the offenders of wilfully tampering with the quality of the milk.

SANITARY PROGRESS.

The large tract of land at Carrington Moss, which came into the possession of the Corporation for the purpose of being utilised as a means for disposal of the refuse and night soil of the southern part of the city, is being rapidly prepared for this purpose, and commendable activity has been shown by the health department in the progress of this work. Another useful step recently taken by the Parks Committee of the Corporation is the acquisition of a portion of the brick fields at Rusholme, for a public recreation ground. The Open Spaces Committee, so ably presided over by Mr. Herbert Philips, has had much to do with this desirable object being brought about.

Our medical societies have commenced their work again, and at a meeting of the Owens College Medical Society, it was resolved to discontinue the use of the central room, &c., which was last year provided in the centre of the city, in deference to the views of some of the members that the college rooms were too far away from the centre of the town. The experiment has, however, shown that members prefer to go to the library and reading-room at headquarters—the central room having scarcely been used at all.

Manchester, Oct. 6th.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

BERWICK.

THE bazaar in aid of the Bethnal-green Free Hospital was opened in this ancient border town on Wednesday last by H.R.H. the Duchess of Teck. The ceremony was regarded in the light of "an event" at Berwick, and was well attended. The bazaar was kept open two days, closing on Thursday night, and the result was a gain of over £500 for the charity.

INFANTILE DIARRHŒA.

Dr. Renton, medical officer of health at Chester-le-street, Durham, in his report to the sanitary authority for the past month, thus refers to the prevalence of infantile diarrhœa in the district:—"I find that diarrhœa, always our anticipated scourge at this period of the year, has been the cause of fourteen deaths; the whole of these fourteen deaths have occurred in infancy or early childhood, and I have no doubt that improper feeding has been the initial factor in each instance. It is noticed that amongst the greater number of the working classes very crude notions exist as to the proper nursing of those of tender years, and, what is still more to be deplored, they will not be taught, or they turn a deaf ear to the warning of the doctor. Thus, either from ignorance or wanton carelessness, the death-roll is generally swelled in the autumn months."

THE NEW HOSPITAL FOR JARROW.

The foundation-stone of the new hospital at Jarrow was laid last week. The site was well chosen, with good drainage, and is at a considerable distance from any dwelling—a matter of importance in a hospital intended as this is for infectious diseases. A brick wall is to be built round the site 9 ft. high, with pillars about 14 ft. apart. The administrative department will be two storeys high. On the ground floor will be the doctor's and matron's rooms, the kitchen, and dispensary, with scullery and pantry in the rear; while on the first floor will be bedrooms and baths. The ward block is to be 118 ft. long, and will consist of four wards, two nurses' rooms, and two bath-rooms. There will be two wards for females, entered from the south side of the building, and with accommodation for seven beds. The men's wards will be entered from the north side, and will have accommodation for six beds, with nurse's room, bath-room, &c. The sanitary and disinfectant block will be situated at the east part of the site, and will be fitted with washing appliances for thirty-nine patients. The building will be of brick with stone facings, and is estimated to cost £3107. This does not include the cost of the site, which was £500.

DR. J. G. HOUSEMAN OF NEWCASTLE.

Dr. J. G. Houseman has resigned his appointments at the Children's Hospital, the Eye Infirmary, the Throat and Ear Hospital, &c. He has determined to travel for a lengthened period—proceeding, I believe, in the first instance to China. Dr. Houseman has many friends in Newcastle and the north of England, and he will carry with him in his travels their best wishes for his health and welfare.

DEATH FROM LEAD POISONING.

An inquest was held here this week on another of these unfortunate cases, sadly too frequent amongst female white-lead workers. She was a married woman, aged thirty-four, and up to the time of her commencing employment at the

lead works had good health. In a very short time, however, she became subject to the poisonous influence of the lead, had convulsions and colic, followed by the usual train of symptoms, ending in death. The coroner, in summing up, said it would be a great advantage to the people employed at lead works if something could be invented to render their labour less dangerous. He was afraid, however, that the precautions which had been already brought into use were not resorted to as much as they ought to be by those who had to work in lead factories.

Newcastle-on-Tyne, Oct. 4th.

IRELAND.

(From our own Correspondent.)

QUEEN'S COLLEGE, CORK: THE MEDICAL SCHOOL.

The President, in his report just issued for the past session refers to his previous report, in which he dwelt upon the advisability of enlarging the scope of the teaching in the medical school, so as to enable it to perform efficiently the increased work imposed upon it, in consequence of the rapid growth of medical science, and the gradual enlargement of the medical curriculum of the Royal University. For this purpose he suggested the teaching of physiology, separated from that of anatomy, and the establishment of a special chair of physiology. He also recommended the establishment of two new chairs, one of human and comparative pathology, and the other of public health, including medical jurisprudence. The proposed enlargement of the scope of teaching in the Medical Faculty suggests the necessity of likewise improving the clinical teaching in the Cork hospitals, as any efforts to bring the teaching at the College up to the present level of medical science must remain almost fruitless without the thorough co-operation of the hospitals. The materials for practical teaching in the general and special hospitals, if the Union Hospital is included, which is now open to students, are very good, and the president suggests that the staffs of all the hospitals in Cork should unite for teaching purposes, classify the students who attend the Cork School of Medicine, and so arrange their clinical teaching that everyone might be able to get the full benefit of it. Under such an organisation the time of both teacher and student would be much economised; while better provision than now exists could be made for teaching junior students. At present these form part of the helpless crowd of young men, who, with a nucleus of real working students, follow the physician or surgeon from ward to ward, and who, lacking systematic preliminary knowledge of disease, are unable to benefit by the clinical teaching suited for the advanced students. Again, the staff of the larger hospitals should be increased by a number of assistant physicians and surgeons, who should conduct, under the direction of the senior members of the staff, a large part of the clinical teaching. In this way there would be formed a body of competent candidates accustomed to teach, and likely to keep themselves in the current of medical science, from whom to select persons to fill such vacancies as would from time to time occur in the staff. Clinical clerkships and dresserships also should be established, these important offices being given after a practical examination by examiners appointed by the associated hospital staffs, and a certificate given to each student at the end of his term of office.

ROYAL UNIVERSITY OF IRELAND.

Earl Dufferin has been selected to succeed the late Duke of Abercorn as Chancellor of this University. The election for a member of the Senate will take place towards the end of this month, when a very exciting contest may be expected.

NATIONAL ORTHOPÆDIC AND CHILDREN'S HOSPITAL, DUBLIN.

The committee of this hospital, having determined to move into larger and more commodious premises, have decided to issue an appeal for the necessary funds to enable them to secure a larger building and furnish the same up to all the modern requirements of a children's hospital. The institution is a deserving one, and it is sincerely to be hoped that the amount required may speedily be subscribed.

Dublin, Oct. 6th.

PARIS.

(From our own Correspondent.)

M. POLAILLON'S GASTROSTOMY CASE.

AT the meeting of the Academy of Medicine last week, M. Polaillon exhibited the patient on whom he had performed the operation of gastrostomy for the removal of a fork from the stomach, and to which you referred in an annotation in THE LANCET of September 25th. The operation has been most successful in all respects. The patient has remained quite well and hearty, and when presented he held in his hand the fork that he had swallowed. There was no symptom whatever of peritonitis, but immediately after the operation he was seized with jaundice, which lasted a few days. This was followed by a small abscess, which opened at the inferior part of the wound, but soon healed. No other untoward symptom occurred, and at the end of three weeks after the operation the man was able to get up and go about the garden of the hospital. There is evidently no adhesion between the incision of the stomach and that of the abdominal parietes, as that organ can be felt moving freely in the peritoneal cavity. The "suture perdue" was therefore a complete success, and reflects great credit on M. Polaillon, who performed the operation, and who was the first to employ this form of suture in such cases.

CYSTICERCI IN MUTTON.

M. Johannés Chatin, the newly-elected member and son of Professor Chatin, then ascended the tribune, and read a paper on "Ladrerie" in sheep. Up till now the flesh of sheep was considered, when eaten in a raw state, to be as dangerous as pork and beef, owing to the presence of cysticerci in the muscular tissue. According to M. Chatin, however, there is nothing to be apprehended in eating mutton raw, as, although the presence of cysticerci has been established in the flesh of sheep, they are never found in such numbers as to determine a veritable "ladrerie," and, as they do not attain the development of the cysticerci of pigs and oxen, there is no danger of their transmission to the human species. M. Chatin therefore concludes that mutton in its raw state may be safely prescribed whenever such a form of treatment is indicated.

ABNORMAL PNEUMONIA.

Dr. Netter of Nancy related a case at the Congress recently held at that town of an individual with a palustral diathesis, who was suddenly seized with pneumonia, most probably of the same origin, for instead of following its ordinary course the malady presented a certain intermittence. Sulphate of quinine was prescribed by way of trial, and a few days afterwards the patient was cured. The author thinks that in cases of abnormal pneumonia it would be useful to examine the patient, not only morning and evening, but several times during the day, as any slight remission might pass away unperceived. If Dr. Netter had not examined his patient during the febrile remission, he would not have recognised the particular nature of the affection.

Paris, Oct. 5th.

THE SERVICES.

ADMIRALTY. — The following appointments have been made:—Staff Surgeon James Dunlop, to the *Egeria;* Surgeon Alexander F. Harper, to the *Algerine;* Surgeon Howard J. C. Todd, to the *Ganges;* Surgeon A. S. Nance, to the *Swallow;* and Deputy Inspector-General Francis W. Davies, to Jamaica Hospital.

RIFLE VOLUNTEERS.—1st Wiltshire: The following Surgeons are granted the honorary rank of Surgeon-Major:—G.C. Taylor, M.B., and F. F. Lee.

SCARLET FEVER EPIDEMIC IN DUNDEE.—No less than 263 fresh cases of scarlet fever were reported to the sanitary authorities of Dundee during the month of September. They have occurred principally in the more crowded parts of the town, although no district has been entirely free of the epidemic.

Obituary.

ENRICO MARZARI.

PADUA has suffered severely in these days, not only from cholera and small-pox, but from the loss of distinguished practitioners who have worn their lives out in combating the two epidemics. As if the death of the eminent surgeon and clinical teacher, Professor Francesco Marzolo, were not sufficient, she has now to mourn that of his favourite pupil, Dr. Enrico Marzari. After a highly creditable curriculum at the University of Padua, Marzari became Professor Marzolo's assistant, and under the rigidly scientific and largely benevolent auspices of that able consultant he made himself known and esteemed by the profession and the public. He then took his degree of "In Medicina Doctor," with special honours for practical as well as theoretical proficiency, and at once embarked on his professional career. He was making rapid progress, accelerated by the premature decease of his patron and teacher Marzolo, to whose *clientèle* he succeeded, when symptoms of cardiac mischief, hereditary in his family, began to show themselves. He struggled on, however, and for two years continued in his daily widening path, in spite of warnings that would have been final with a less intrepid nature. The epidemic of small-pox gave him much to do among the less-favoured classes, who never appealed to his benevolence in vain, and he was barely recovering from the effects of over-exertion thus induced when the cholera epidemic assumed alarming proportions. Again Marzari was at the front, but this time with sadly diminished strength. Spasmodic pain of an aggravated kind was rapidly making life a burden to him, when on the 30th ult. he almost suddenly expired. A Paduan correspondent writes: "He falls a victim to zeal and duty. The sad announcement was received as something personal, not only by a wide circle of friends and admirers, but by a still wider circle of the poor, to whom he was for years an unwearied benefactor. To his family he bequeathes no other wealth than that of a name honoured and cherished by all his fellow-citizens. His funeral was a touching spectacle; every rank and calling was represented at his grave; and the populations of San Leonardo and Savonarola, on whom most of his gratuitous attendance was lavished, closed their shops and draped their houses in black, as a token of their sense of loss."

JOHN PEARSON BELL, M.D.

DR. J. PEARSON BELL, whose death occurred on the 26th ult. at his residence in Hull, received his professional education at St. Thomas's Hospital and the University of Glasgow. In 1830 he became a licentiate of the Society of Apothecaries of London; in 1845 he obtained the degree of M.D. and C.M. at Glasgow University, and in 1860 the licence of the Royal College of Physicians of Edinburgh. At the time of his death the deceased was in his seventy-eighth year, and had for many years been connected with most of the public institutions, and taken part in the principal public movement in Hull. In 1875 he was appointed a magistrate of the borough, and for over fifty years he had a long and prominent career as a Freemason. In April last Dr. Bell's golden wedding was celebrated, when the Masonic brotherhood throughout the province showed their appreciation of his services by presenting to Mrs. Bell a marble bust of her husband. Dr. Bell was highly esteemed in Hull, and his death is much regretted by the inhabitants of that town.

THE PUBLIC HEALTH ACT IN SCOTLAND.—On the 21st ult. a man was fined five shillings at Greenock for removing by railway his daughter who was suffering from scarlet fever.—At Dundee, on the 23rd ult., a lodging-house keeper was fined half-a-guinea for neglecting to ascertain whether one of his lodgers was suffering from infectious disease.—On the 21st ult., at the same police-court, a woman who was charged with a similar offence was dismissed with a caution.

Medical News.

SOCIETY OF APOTHECARIES.—The following gentlemen passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on Thursday, the 30th ult.:—

Barrett, Ernest, Elm-road, Dulwich.
Horner, Charles Julian, M.R.C.S., Fern-hill, Walthamstow.
Sibley, Walter Knowsley, Harley-street.
Stevenson, George, Edgware-road.

THE new building in connexion with the out-patient department at Westminster Hospital was opened on the 5th inst.

ON the 28th ult., a deputation from the Royal Commission for the Blind, Deaf and Dumb, Imbecile, &c., visited the Royal Albert Asylum.

DAVOS PLATZ.—This popular health-resort is to have the advantage of railway communication from Landquart. The line will be twenty-five miles in length, and will traverse Prättigau.

ENTERIC FEVER AT SWANSEA.—Enteric fever is again prevalent at Swansea, the outbreak being attributed to the access of farm refuse to a stream which runs into a reservoir which supplies the west end of the town.

MISS FLORENCE NIGHTINGALE has been compelled through illness to decline to unveil the statue of Sister Dora at Walsall on the 11th inst.; Mr. Gladstone also has expressed his regret at being unable to attend the ceremony.

AN inquest was held at Bangor in the north of Ireland on the 28th ult., on the bodies of two women whose death had been produced by irritant poisoning, caused by their having partaken of putrescent german sausage.

SCARLET FEVER IN OLDHAM.—At a special meeting of the Sanitary Committee of the borough of Oldham on the 4th inst., the medical officer reported that there had been within the last few days a large increase in the number of patients in Westhulme Infirmary. The cases are nearly all scarlet fever.

AT the meeting of the Liverpool City Council on the 6th inst., the medical officer of health recommended that, in consequence of the prevalence of scarlet fever in the city, additional hospital accommodation should be provided. After a lenghthened debate, the matter was referred to the Special Hospitals Committee.

SHEFFIELD MEDICAL SCHOOL.—The Mayor of Sheffield has announced his intention of calling a public meeting to promote the erection of a new School of Medicine in the town, the premises now occupied, and which were built in 1828, not being equal to the present requirements of the institution. A handsome sum of money has already been subscribed, but £2000 more is required. The Archbishop of York has consented to take part in the meeting, and Sir Andrew Clark has promised to visit Sheffield to speak at the gathering.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—The following office-bearers have been elected for the ensuing session:—President: Dr. Alderson. Vice-Presidents: Mr. E. C. Barnes, Dr. Campbell Pope, Mr. Hemming, and Mr. Keetley. Council: Mr. Swinford Edwards, Dr. Hart Vinen, Mr. R. F. Benham, Dr. Owlea, Dr. Thudichum, Dr. Bullock, Dr. Wells, Dr. Pickett, Mr. Gunton Alderton, Mr. Lloyd, Dr. Spicer, and Dr. Savill. Treasurer: Mr. F. Lawrance. Secretaries: Mr. H. Percy Dunn and Dr. Clippingdale. Auditors: Dr. Blenkinsop and Dr. Gloster.

WARNEFORD HOSPITAL.—At a special meeting of the governors of this institution held at Leamington on the 6th inst., it was proposed that, as at the Queen's Hospital, Birmingham, every out-patient should be required to pay a registration fee of one shilling. The honorary medical staff objected strenuously to the proposal, and it was urged that when all the attendant expenses had been defrayed the hospital would not benefit pecuniarily to the extent of £30. The plan was eventually rejected by an overwhelming majority, only three voting for it.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

ANDERSON, JAMES, M.D., M.R.C.P., has been appointed Assistant Physician to the London Hospital.

BUTLER, W. HARRIS, M.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer for East Woolwich.

COLLINGWOOD, FREDERICK W., L.R.C.P.Lond., M.R.C.S., has been appointed Assistant House-Surgeon to the Torbay Hospital, Torquay.

CUSSE, ERNEST, M.R.C.S., L.S.A., has been appointed Resident Medical Officer and Secretary to the Bournemouth Cottage Hospital and Dispensary, vice T. G. Parrott, M.R.C.S., L.R.C.P.Lond., resigned.

DOVE, AUGUSTUS CHARLES, M.B., M.R.C.S., has been appointed Junior House-Surgeon to the Cancer Hospital, Brompton.

GUTHRIE, LEONARD L., M.A., M.R.C.S., L.S.A., has been appointed House-Surgeon to Paddington-green Children's Hospital, vice Dr. George Parker.

HASLEWOOD, ALBERT, M.R.C.S., has been appointed Honorary Medical Officer to the Devonshire Hospital, vice W. H. Flint, L.R.C.P., resigned.

PARROTT, THOMAS GODFREY, M.R.C.S., L.R.C.P. Lond., has been appointed Resident Medical Officer to the National Sanatorium for Consumption and Diseases of the Chest, Bournemouth, vice Dr. Humby, resigned.

WELSFORD, GEORGE FREDERIC, M.B.Cantab., M.R.C.S., has been appointed Medical Officer for the Second District of the Woodstock Union.

Births, Marriages, and Deaths.

BIRTHS.

ARNOTT.—On the 3rd inst., at Burnswark, Malabar-hill, Bombay, the wife of Surgeon-Major James Arnott, M.D., of a son.

BATTYE.—On the 27th ult., at Denbigh-street, the wife of John Howard Battye, M.D., of a son.

COHEN.—On the 2nd inst., at Stranraer-place, Maida-vale, W., the wife of A. Cohen, M.A., M.D., of a daughter.

CONSTABLE.—On the 29th ult., at Kennington-park-road, the wife of Joseph J. Caffry Constable, M.D., of a daughter.

DALE.—On the 24th ult., at Park Lea, Scarborough, the wife of Frederic Dale, M.D.Cantab., F.R.C.S.Eng., of a son.

DUKES.—On the 1st inst., at Sunnyside, Rugby, the wife of Clement Dukes, M.D.Lond., of a son.

HEDLEY.—On the 29th ult., at Lawn-road, the wife of Brigade-Surgeon W. S. Hedley, M.D. (retired), of a son.

LITHGOW.—On the 2nd inst., the wife of T. G. Lithgow, F.R.C.S.Ed., L.R.C.P.Lond., of Stirling House, Farnborough, Hants, of a son.

MACLACHLAN.—On the 28th ult., at Fenwick, Thurlow-park-road, West Dulwich, the wife of Andrew MacLachlan, M.D., of a son.

ROBINS.—On the 4th inst., at Down Hall, Rippingale, Bourne, the wife of G. Norman Robins, L.R.C.P., M.R.C.S., of a daughter.

MARRIAGES.

BASS—BISHOP.—On the 29th ult., at St. John Baptist's, Crowthorne, Berks, Charles William Bass, M.R.C.S., of Langsett, Ilford, Essex, to Edith Mary, eldest daughter of George Bishop, of Wellington College, Berks.

BROWNE—GARRETT-SMITH.—On the 30th ult., at St. Mark's, Hamilton-terrace, James W. Browne, M.A., M.B., Fellow of Worcester College, Oxford, to Alice, younger daughter of J. W. Garrett-Smith, of Abercorn-place, N.W.

PAGE—GRACE.—On the 27th ult., at Downend, G. Shepley Page, L.R.C.P., L.R.C.S.E., to Katharine Fanny, second daughter of Henry Grace, of Kingswood-hill, Bristol.

SMALL—HALL.—On Aug. 17th, at St. Philip's Church, Sydney, N.S.W., John Small, L.R.C.S.Ed., L.R.C.P.Ed., of Geelong, Victoria, to Alice Maud, second daughter of the late Capt. R. Morgan Hall, of 48th and 13th Regiments, Bath, England.

WATSON—GREY.—On the 29th ult., at Newport, Isle of Wight, John Watson, M.D., of Royal Heath, Sandown, Isle of Wight, to the Lady Anna Tredger, youngest daughter of the late Rev. Harry Grey.

DEATHS.

ASHMEAD.—On the 4th inst., at Talbot House, Brierley-hill, Helen Wilhelmina Ashmead, the beloved wife of Geo. Ashmead, L.R.C.P.Ed., L.R.C.S.Ed., and youngest daughter of the late Captain Henry Walker, of Castle Stuart, Inverness-shire. Deeply regretted.

PEARCE.—On the 1st inst., at Eastbourne, George Pearce, M.D., of Leicester, aged 47.

SEATON.—On the 30th ult., at Halliford House, Sunbury-on-Thames, Joseph Seaton, M.D., F.R.C.P., F.R.G.S.

SHIRREFF.—On the 28th ult., at Sowdon Lodge, Lympston, South Devon, James Hales Shirreff, M.D., aged 73.

WATSON.—On the 28th ult., John Ferra Watson, J.P., M.R.C.S., of Heigham Hall, Norwich, aged 69.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, October 7th, 1886.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 a.m.
Oct. 1	29·72	W.	59	57	107	77	56	...	Hazy
,, 2	29·90	W.	57	53	105	69	51	·03	Fine
,, 3	30·07	E.	58	55	95	68	51	...	Hazy
,, 4	29·98	E.	63	61	108	79	57	...	Hazy
,, 5	29·83	E.	63	61	99	77	60	...	Hazy
,, 6	29·79	W.	58	57	78	64	57	·03	Raining
,, 7	29·83	E.	59	57	73	64	56	·23	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

THE ELECTION OF DIRECT REPRESENTATIVES.

AT the moment of going to press we have received advertisements with reference to the approaching election of Direct Representatives from the President of the Medical Council, who, for this purpose, is the returning officer. All nomination papers must be forwarded on or before Nov. 9th to the Registrars of the Branch Council of England, Scotland, and Ireland respectively.

G.—We do not prescribe.

TONSILLITIS AND ITS RELATION TO SCARLATINA AND DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—I am glad to find from Dr. Hingston Fox's letter that we are not so much at variance as at first sight appeared. That all cases of tonsillitis are not due to infection may, I think, be argued from the facts that some people are subject to constantly recurring attacks, and the severity of each is in no degree less severe than the preceding one. Then, too, there are some cases of tonsillitis accompanied with ulceration of the surface which, if treated with iron and quinine, go on from bad to worse, and yet rapidly improve under the effervescing citrate of potash. Now, were the ulceration due to septic poisoning, the very reverse of this would occur; and I therefore consider that the ulceration in these cases is dependent upon extreme distension of the surface of the gland tissue. Again, I may state that I and my family, though resident in different places, were at one time frequent sufferers from quinsy; and even now, were I to undergo excessive fatigue for a week or two and take my meals irregularly, I could easily bring on an attack. Never have I seen albuminuria or paralysis follow an uncomplicated case of quinsy, though one of the latter, it appears, was reported the other day by Dr. Prévost in the *Archives Médicales Belges*; and I have never known two cases to occur in the same house within three or four, and I think I may say with perfect correctness six, months of each other. In fact, I have never had a single case which could be said to arise from infection or contagion.

I am, Sir, your obedient servant,

Surbiton, Sept. 30th, 1886. F. P. ATKINSON.

P.S.—It appears to me that Dr. C. Haig-Brown has somewhat mixed up simple inflammation of the tonsils with the follicular type of the disease; though, in my opinion, they are entirely different as regards their origin. The former is generally accompanied with enlargement and tenderness of the submaxillary gland or glands, the latter with enlargement and tenderness of the lymphatics.

A MONSTROSITY.

THE thirty-ninth number of the *Gazette Hebdomadaire des Sciences Médicales* contains two figures and descriptive text of a so-called cyclocephalic monster. The chief feature in the monster is the want of development of the nasal region, attended with the approachment of the two orbits, so that they have become partially fused. A further degree of this deformity leads to the complete fusion or want of differentiation between the two orbital regions, and there is then but one organ of vision. In the specimen in question there was a rudimentary nasal appendage which formed a kind of flap that partially concealed the abnormal orbital region.

A Twenty-five Years' Subscriber.—1. We consider our correspondent was not properly treated by the coroner if that gentleman made the remarks attributed to him with the knowledge that our correspondent had been ordered to discontinue his attendance upon the deceased.—2. The remarks no doubt have a tendency to damage our correspondent's practice; but they are, of course, not actionable. Moreover, our correspondent's reputation is quite good enough to warrant him in treating the matter as beneath further notice.—3. We would not advise petitioning the Secretary of State.

Berkshire.—Probably next week.

"A CASE OF GUINEA-WORM."

To the Editor of THE LANCET.

SIR,—Your correspondent, "Reader," who seeks advice as to the treatment of a case of guinea-worm in your last issue, should take a piece of sticking-plaster about an inch and a half wide, and roll it tightly up to about the calibre of a No. 6 catheter, allowing the free edge of the plaster after cutting to the proper size to remain unrolled for the width of about half an inch. The protruding end of the worm (head end) having been first wiped dry by a dab from a sponge or carbolised cotton over it, and the sore whence it issues, and the little roll of plaster above referred to having been placed transversely beneath the worm and over the healthy skin beyond the point of exit, is placed across in regard to the long axis of the little spindle, and between the free surface of the rolled up piece of plaster, which are then closed over it and all firmly secured together. The little spindle is then taken hold of tightly at both ends by the thumb and forefinger of both hands, and most gently turned round underhanded, strictly on its own axis, so as not to drag, till a coil of the worm is wound around it, and is then secured *in situ* by means of a few narrow pieces of strapping. No attempt must be made to extract the worm at one sitting, or failure is sure to follow, and a gentle continuous traction and tension on the worm is only admissible, on which entirely will depend the successful issue. Should any spasmodic or undue strain be put on the worm it may break, as it is often rather friable, giving exit to acrid exudations and infiltration into neighbouring tissues, followed by severe local inflammation and irritation. As the worm often attains the length of some feet, and always several inches, I need not say that it will take some days, or weeks, to effectually get rid of it. The spindle need not be changed throughout the whole process; but it, and the little sore, must be kept well cleansed at each daily sitting with a weak solution of carbolic acid. It is quite obvious that the plaster spindle is much more pliable than ivory or any other solid material, and adapts itself to any irregularities of surface from which the worm often issues, and can be kept firmly *in situ*, without unrolling, by a little strapping, and without causing any undue strain on the worm. The watchwords must be *gentleness*, *patience*, and *time*. The patient, of course, must be kept quiet during the treatment.

I am, Sir, yours faithfully,

Truro, Oct. 5th, 1886. D. W. WILLIAMS, M.D.

W. E. (Belfast).—Perhaps the fullest and best treatise on cremation is that recently published by Professor Carlo Cucca of Naples. Of the various kinds of "ustrina," or "crematoria" (as they are less accurately called), he compares those of Polli, of Gorini, and of Siemens, and pronounces in favour of the last-named as not only the best, but the cheapest. He declares that cremation, instead of being optional (*facoltativo*) should be made obligatory in Italy.

Mr. Startin.—Yes, in an early number.

FEES FOR NECROPSY IN THE ISLE OF MAN.

To the Editor of THE LANCET.

SIR,—I notice in your issue of Saturday, Sept. 25th, a paragraph to this effect: "The Governor of the Isle of Man, it is reported, has reduced the fee of £1 1*s.* for a post-mortem examination by order of the coroner to sixteen shillings." I am in a position to state that the report is incorrect. His Excellency has not reduced the fees, but rather increased them. Formerly the payment made for medical evidence before the coroner was 10*s.* 6*d.*, and the fee to which the medical man was entitled for a post-mortem examination and for the evidence arising therefrom, if such evidence were given, was £1 11*s.* 6*d.*; or in all, £2 2*s.* Now the payment is to be, for evidence before the coroner, 15*s.* 6*d.*, and for a post-mortem examination and evidence arising therefrom, £1 11*s.* 6*d.*; in all, £3 7*s.* I think it but right that these facts should be made public.

I am, Sir, yours faithfully,

Douglas, Isle of Man, Oct. 4th, 1886. J. A. DEARDEN.

A DEFENCE OF TEA.

AN article which appeared in our columns some weeks ago condemning the excessive use of tea as injurious has come under the observation of the Chinese at Shanghai; and a recent copy of the *Shên Pao*, a local native paper, contains a leading article which is evidently founded upon a misconception of the tenour of our remarks. The writer states that for several hundred years no one has heard that the habit of tea drinking is an injurious one. Why should it suddenly become so to-day? Moreover, tea has been drunk in China for thousands of years without any apparent ill-effects. Our contemporary then proceeds gravely to discuss the various sources from which this imagined danger may arise. The water cannot, it argues, be injurious, for it has been boiled; and as adulteration of the leaves has practically ceased, how can the pure article be injurious when the adulterated article which was exported and consumed for years had no evil effects? Another reason for the appearance of the article condemning tea has been suggested to the contributor to our contemporary; and although in his opinion it is not deserving of immediate and implicit belief, yet, looking at all sides of the question, he would not venture positively to state that it is devoid of truth. "It is said that a foreign doctor discovered a spring of water possessing valuable medicinal properties, and that after mixing some kind of preparation with it he put it up in bottles, like the lemonade and soda-water used by foreigners here; that as the demand was not very brisk, he originated this story about the injurious properties of tea, with a view of increasing the sale of his preparation." Despite, however, such a low estimate of the honour of foreign medical men, the writer concludes with the expression of high admiration for their professional skill, which he contrasts with that possessed by the native faculty much to the latter's disadvantage.

M.B. will have to obtain leave to practise in Spain. This may be granted to an English graduate without examination, but cannot be claimed as a right. We are making further inquiries, and will endeavour to answer our correspondent's query more fully in a subsequent issue.

Mr. Greenwood (Stronafyne).—There are several institutions of the kind, for a list of which we must refer our correspondent to the Charities Register, published by Longmans.

A NEW METHOD OF ARTIFICIAL RESPIRATION IN CHILDREN.

To the Editor of THE LANCET.

SIR,—For several years I have adopted a very simple method of performing the artificial respiration that is sometimes required in new-born infants, and as it is devoid of the display usually attending the present plan, which is sometimes so exciting to nervously constituted mothers, perhaps it will commend itself to many of your readers.

The child is laid in the supine position; the palm of each hand of the operator is placed on each side of the chest, with the nipples underneath the hands and the fingers overlapping the ribs and partly covering the abdomen. For inspiration the fingers are bent so as to catch under the free edge of the ribs, in order to raise the chest wall outwards and upwards, whilst for expiration the fingers are extended and pressed together with the palms of the hands on the chest and abdomen. Trusting this explanation is sufficiently lucid,

Believe me, Sir, yours faithfully,

Bournemouth, Oct. 1st, 1886. F. W. CORY.

Medicus (Sunnyland) will be obliged to pass the examination for the State diploma in order to practise in Switzerland. His best plan will be to write to the Dean of the Faculty of Medicine at Geneva.

Volo.—Our correspondent has a legal claim. Such claims have been allowed. Whether in any given case they will be recognised, or it is worth while to spend money and worry over them, is a matter for grave consideration.

A Beginner.—Roscoe and Grainger Stewart.

SOMETHING WRONG AT THE "COLINDERIES."

To the Editor of THE LANCET.

SIR,—I have just been made aware of a disgraceful state of things at the Exhibition at South Kensington. One of the *employées* informs me that since it was opened they have had to pay for the use of the waiting-rooms. Do you not think this is a very cruel arrangement? The poor girls are at their duties twelve hours each day. Some come from a distance, so that fourteen hours per day is about the average they are absent from home. They are charged a halfpenny each time they visit the room. To be healthy and comfortable 3*d.* per day is needed—1*s.* 6*d.* deducted from 12*s.* per week! Naturally, economy is practised. Consequently much misery is endured, and no doubt in many cases the foundation laid for painful diseases.—I am, Sir, obediently yours,

Sept. 30th, 1886. E. M.

SEVERAL articles and communications have been crowded out of our present number; amongst them being an editorial on the introductory lectures delivered at the opening of the several medical schools, annotations on various subjects, letters from numerous correspondents, &c.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Kidd, Dublin; Prof. Humphry, Cambridge; Mr. Weddell, Newcastle-on-Tyne; Dr. Williams, Truro; Dott. L. Vallardi, Naples; Dr. O. Sturges, London; Dr. H. R. Ker, Halesowen; Mr. R. Leigh, Liverpool; Dr. Porter, Sheffield; Sir Jas. Sawyer, Birmingham; Mr. Percy Dunn, London; Dr. Wadham, London; Mr. J. Black, London; Dr. A. Wilson, Edinburgh; Mr. M. G. Biggs, London; Mr. J. N. Tratman, Shanghai; Mr. H. Whates, London; Mr. A. G. P. Gipps; Mr. J. P. Hentsch, London; Mr. J. H. Pugh, London; Mr. A. D. Pithie, Greenock; Mr. Freeman, Pangbourne; Mr. A. J. H. Montague, London; Dr. Taaffe, Brighton; Mr. Kerr, Preston; Dr. Theodore Maxwell, Woolwich; Mr. Batterham, St. Leonards; Professor John Clay, Birmingham; Mr. Stretton, Kidderminster; Dr. J. F. Payne, London; Dr. Thurstan, Southborough; Mr. Fisher, Dundee; Mr. F. Treves, London; Mr. J. A. Dearden, Douglas; Messrs. Burroughs and Wellcome, London; Mr. P. P. Atkinson, Surbiton; Messrs. Brown and Son, Newcastle-on-Tyne; Mr. H. B. Hewetson, Leeds; Mr. F. W. Cory, Bournemouth; Mr. Hourigan, Freshford; Messrs. Wright and Co., Bristol; Dr. Lewers, London; Mr. Spurgin, Maryport; Mr. John King, Birmingham; Mr. Jas. Startin, London; Mr. A. E. Barker, London; Mr. T. Christy, London; Mr. Graham, Bristol; Mr. W. A. Dingle, London; Mr. Kenny, Buckhurst Hill; Mr. Phillips, Weston-super-Mare; Dr. Whitehead, Carlisle; Mr. Somerville, Edinburgh; Dr. Davies, Bridgend; Dr. Ward, Oxford; Mr. Manton; Messrs. Pratt and Co.; Mr. T. B. Browne, London; Mr. Wallace, Cardiff; Mr. Abbs, Dewsbury; Mr. Bingham, Grimsby; Dr. Whiteshap; Messrs. Lea and Co., Philadelphia; Dr. Braithwaite, Rickmar; Messrs. Kilner Bros., London; Mr. Garrard, Rotherham; Messrs. Boulton and Paul, Norwich; Mr. Groves, Dorchester; Mr. Rudkin; Messrs. Maw and Co., London; Dr. G. Harley, London; Messrs. Hopkinson and Co., Notts; Mr. Ewin, Leicester; Mr. Powell, Shifnal; Mr. Kershaw, London; Dr. Usher, Yeadon; Dr. King, Ilfracombe; Mr. Halliday, Bramley; Mr. Jones, St. Albans; Mr. Bigg, London; Mr. Rawlinson, Burnley; Miss Thomas, Liverpool; Mr. Elliot, Carlisle; Mr. Van Buren, London; Mr. George; Dr. Brailey, London; Dr. Radcliffe Crocker, London; A Beginner; W. L. M.; Tunbridgense, London; M.B.; Subscriber; Hopeful; Junius; Inquirer; E. M.; A Senior Student; A. B. C.; Vicar; M.D., Newcastle-on-Tyne; L. M. D.; One of Them; C. W., Brighton; M.D., London.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Heron, Glasgow; Dr. Williamson, Ventnor; Mr. Bowler, London; Mr. Gray, Bristol; Dr. Maclachlan, West Dulwich; Mr. Roberts; Messrs. Morgan and Scott; Mr. Chilcot, Ealing; Mr. Appleton, Beverley; Mr. Guest, Darlington; Miss Taylor, Clapham; Miss Jones, Derby; Mr. Green, Glamorgan; Mr. Hough, Derby; Dr. Morris, Spalding; Mr. Ellis, Bishop Auckland; Mr. Hoare, Bexhill-on-Sea; Dr. Aitken; Messrs. Lofts and Co., London; Dr. Wise, London; Mr. Hitch; Messrs. Fraser and Sons, Arbroath; Mr. Ransdale, Patrington; Mr. Hayward, Grantham; Mr. Bridge, Ambleside; Mr. Jessop, Great Grimsby; Mr. Barnasconi, Plymouth; Mr. Jones, Treherbert; Dr. Roberts, Sheffield; Mr. Mellin, Peckham; Dr. Braum; Mr. Draper, Huddersfield; Messrs. Krohne and Co., London; Mr. Roper, Peterboro'; Dr. Ashmead, Brierley Hill; Mr. Coldwell, Malvern; Accoucheur, London; Hakem; R. M.; Medicus, Wortley; M. L.; Dr. M.; X. Y. Z., Oldham; M.D., Notting Hill; Medicus, Wolverhampton; Socius; Surgeon, York; Medicus, Mottram; Bachelor; B. P.; Medicus, Wrexham; Seltzer, Tunbridge Wells; Doctor, Sale; Medicus, Biofield; X. L. T.; Nolans, Newcastle-on-Tyne; A. C., London; M.D., Manchester; Seaside; M.D., New Cross; Nator, Burnley; C. W., Brighton; Matron, Bedford; A. B. C.

Leeds Evening Express, Liverpool Courier, Lancaster Guardian, Liverpool Evening Express, West Cumberland Times, Georgetown Royal Gazette, Aris's Birmingham Gazette, Dundee Advertiser, &c., have been received.

Medical Diary for the ensuing Week.

Monday, October 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesdays, same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.
PARKES MUSEUM OF HYGIENE.—8 P.M. Mr. Gordon Smith: Sanitary Appliances.

Tuesday, October 12.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

Wednesday, October 13.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesdays and Thursdays, 1.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department, Tuesdays and Fridays, 9.30 A.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; and on Friday, 2 P.M.; and Saturday, 1 P.M.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. T. B. Rosseter: Trichodina as an Endoparasite; Desiccation of Rotifers; The Abbe-Zeiss New Objectives and Eyepieces.
HUNTERIAN SOCIETY.—8 P.M. Mr. Hutchinson: On the Value and Measuring of certain Symptoms.
PARKES MUSEUM OF HYGIENE.—8 P.M. Prof. F. De Chaumont: Ventilation, Measurement of Cubic Space, &c.
BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Dr. Meadows: Cæsarean Section.—Mr. Lawson Tait: Extra-peritoneal Cysts. Specimens will be shown by Dr. Edis, Dr. Fancourt Barnes, and others.

Thursday, October 14.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

Friday, October 15.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
SOCIETY OF MEDICAL OFFICERS OF HEALTH.—7.30 P.M. Dr. Alfred Hill (President): A Consideration of the Various Modes of House-refuse and Sewage Disposal.
PARKES MUSEUM OF HYGIENE.—8 P.M. Mr. Percy Boulnois: Scavenging and Disposal of Refuse.

Saturday, October 15.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

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